



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

SACHI A. HAMAI
Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

July 25, 2018

To: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

FOURTH SEMI-ANNUAL REPORT ON BOARD PRIORITIES (ITEM NO. 4-A, AGENDA OF JUNE 27, 2016)

In 2015, the Board of Supervisors (Board) established four Board Priorities, now referred to as Board Directed Priorities (Priorities): The Sheriff's Department/Justice Reform; Child Protection; Health Integration; and the Homeless Initiative. Since then, the Board has added two additional priorities: Environmental Oversight and Monitoring, and Immigration. A Board Directed Priority is the Board's collective response to complex challenges that have adverse impacts on the health, safety, and well-being of County residents and/or its institutions. On June 27, 2016, the Board requested semi-annual reports on the Board's established priorities. This memo will serve as the Chief Executive Office's (CEO) fourth semi-annual report in response to that request.

Since 2015, the Board has aggressively pursued a policy-orientated agenda focused on solving some of the County's most challenging and multifaceted challenges, which have included:

| | | |
|--|---------------------------|---|
| | CHILD PROTECTION | Enhancing the County's child safety network by adopting and implementing recommendations of the County's Blue Ribbon Commission on Child Protection, including establishing the Office of Child Protection to improve the lives of children and families. |
| | HEALTH INTEGRATION | Streamlining and integrating access to high quality and comprehensive health services by integrating the Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH). |

| | | |
|---|--|---|
|  | HOMELESSNESS | Responding and reducing the incidence of homelessness among the County's most vulnerable population, including establishing the Office of Homelessness and approving the Homeless Initiatives' 51 strategies to confront the issues surrounding homelessness. |
|  | JUSTICE REFORM | Diverting of individuals from County jails to supportive services, reducing the incidence of jail violence, and increasing transparency and accountability of the Sheriff's Department. |
|  | ENVIRONMENTAL HEALTH & MONITORING | Strengthening environmental monitoring and oversight, empowering communities, improving regulatory enforcement, and reducing toxic emissions. |
|  | IMMIGRATION | Protecting and advancing the well-being of County immigrant residents by establishing the Office of Immigrant Affairs. |

The Priorities reflect the Board's deep understanding that before individuals can thrive, they must have their basic needs met, such as housing, safety, and health. Through a streamlined delivery of comprehensive, coordinated, and transformative systems of care, the Priorities attempt to support individuals as they move from crisis to stability, and ultimately towards thriving. The attached report provides a high-level summary of progress, accomplishments, and the overall status of each of the identified priorities for the reporting period of January 2018 through June 2018.

The next semi-annual report is due on January 8, 2019. Please let me know if you have any questions, or you may contact Fesia Davenport at (213) 974-1186 or via email at fdavenport@ceo.lacounty.gov.

SAH:JJ:FAD
 HK:NS:km

Attachments

- c: Executive Office, Board of Supervisors
- County Counsel
- All Departments

LOS ANGELES



BOARD DEFINED PRIORITIES



LOS ANGELES COUNTY

CHIEF EXECUTIVE OFFICE

July 2018 Update



CHILD PROTECTION

We increase the safety and well-being needs of the children in care.

On June 10, 2014, the Board of Supervisors (Board) adopted recommendations from the final report of the Los Angeles County Blue Ribbon Commission on Child Protection, which included a recommendation to establish the Office of Child Protection (OCP). The OCP is responsible for, among other things, implementing the recommendations from the Blue Ribbon Commission. The OCP provides regular progress updates to the Board. Per the Board’s request, the update below includes information related the Transport Pilot Project for Foster Youth and the expansion of the Family-Finding Pilot. The OCP’s April 30, 2018, progress update is contained in Attachment I and a high-level summary is provided below.

| |
|--|
| <p>Strengthening Our Prevention Strategies - Countywide Prevention Plan</p> <ul style="list-style-type: none"> Secured \$78 million of Department of Mental Health’s (DMH’s) Prevention and Early Intervention (PEI) funding for expanding prevention services provided by the Prevention & Aftercare Networks (\$28 million across two fiscal years) and for expanding home visitation services (\$50 million across two fiscal years (FY – FY 18-19/ 19-20). Outstationed substance abuse counselors at nine Department of Children and Family Services (DCFS) regional offices (in partnership with Department of Public Health (DPH), Department of Mental Health (DMH), and DCFS) to provide on-site support and warm hand-off connections to substance abuse supports for those parents or youth who need them (three more counselors are pending). |
| <p>Linking Families to Needed Services - DCFS Hotline Pilot</p> <ul style="list-style-type: none"> Launched a pilot at DCFS on July 1, 2018, to connect DCFS referred families to support services whose concerns do not warrant a DCFS investigation, but where a need exists that could be addressed through community-based prevention supports. |
| <p>Enhancing the Quality of Our Investigations - Suspected Child Abuse and Neglect Risk Assessment</p> <ul style="list-style-type: none"> Launched a three-year department-wide initiative with DCFS to implement changes to their policies, trainings, and practices involving the use of the Structured Decision Making (SDM) tool to strengthen and improve the quality of screenings, investigations, and case management activities. |
| <p>Accessing Data to Inform Our Child Abuse Investigations - Electronic Data-Sharing Efforts</p> <ul style="list-style-type: none"> Launched an electronic system for Emergency Response (ER) Children’s Social Workers in five DCFS offices to access law-enforcement data relevant to an investigation of child abuse or neglect. <ul style="list-style-type: none"> The system is active in five DCFS offices, and anticipated to launch countywide by September 2018. |
| <p>Placing More Children with Relatives - Increasing the Use of Relative Placements</p> <ul style="list-style-type: none"> Expanded the Family Finding pilot initially launched in the DCFS Santa Fe Springs and Glendora offices to two additional offices. Pilot data to date: <ul style="list-style-type: none"> Across all four offices, over 1,400 youth have been part of the pilot; 75 percent of them have been placed with a relative or non-offending parent. |

| |
|--|
| <p>Emphasizing Education For Foster Children - School Stability - Every Students Succeeds Act (ESSA)</p> <ul style="list-style-type: none"> • The DCFS/Los Angeles County Office of Education (LACOE)/Los Angeles Unified School District (LAUSD) Pilot for transporting youth has been extended through June 30, 2019. • Finalized a transportation plan template to be used to negotiate a long-term interagency agreement between DCFS and the County's 80 school districts. Secured \$60,000 of philanthropic funding to hire an outreach coordinator to facilitate negotiations of final agreements between DCFS and the school districts. • Secured \$150,000 of philanthropic bridge funding, in partnership with Center for Strategic Public-Private Partnerships. Funding will provide additional capacity for processing the hundreds of weekly new or placement change notifications DCFS receives that affect which school youth attend. |
| <p>Ensuring Our Foster Children Are Properly Medicated - Psychotropic Medication Use in Child Welfare</p> <ul style="list-style-type: none"> • Continuing to oversee the implementation of the revised psychotropic medication protocols in partnership with the Juvenile Court, DMH, DCFS, Probation and multiple stakeholders. • Recent data reported on psychotropic-medication use by foster youth in Los Angeles County from the University of California, Berkeley's California Child Welfare Indicators Project found that: <ul style="list-style-type: none"> ○ Between October 1, 2016, and September 30, 2017, the percentage of foster youth in Los Angeles County who were taking psychotropic medication was 10.8 percent (2,913 youth), compared to 12.0 percent (3,262 youth) from one year earlier (October 2015 through September 2016). |
| <p>Preparing Our Youth for Permanency - Self-Sufficiency for Transitional-Age Youth</p> <ul style="list-style-type: none"> • Finalizing a plan for increasing permanency efforts to reduce the number of youth who age out of foster care. |
| <p>Teaming to Ensure Timely Placement - Transitional Shelter Care Overstay</p> <ul style="list-style-type: none"> • Managed a promising pilot that uses Engagement Placement Stabilization (EPS) meetings and court hearing reviews for youth who are overstaying. <ul style="list-style-type: none"> ○ Results are promising of the 40 hard-to-place youth in the EPS pilot since it began: <ul style="list-style-type: none"> ▪ 28 of the 32 who are still involved have moved into placements and are maintaining them; and ▪ Seven of the eight youth who graduated are successfully maintaining placements with a relative or in a lower-level of care. |
| <p>Providing Better Medical Services For Foster Youth - County Medical Hubs</p> <p>In January 2017, the Health Agency, the OCP and DCFS, formed the Implementation Council for the Vulnerable Child to support the physical and mental health of DCFS-involved children and youth, to ensure youth receive comprehensive physical and mental health assessments and referrals for appropriate follow-up care within 30 days of entering the system and to strengthen and expand the Medical Hubs across the County.</p> |



INTEGRATED HEALTH

We provide comprehensive and integrated health services.

On August 11, 2015, the Board approved the creation of the Los Angeles County Health Agency (Health Agency) with the goal of streamlining and integrating comprehensive health services through the integration of the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH). The Health Agency provides quarterly reports to the Board on the progress of achieving its goals and outcomes and changes in funding streams. Per the Board's request, the update below also includes information related to Whole Person Care (WPC) utilization rates and WPC funds expended, the expansion/increase of Institution for Mental Disease (IMD) beds and Urgent Care Centers, and the transition of the Sheriff's Medical Services Bureau to the Health Agency's Integrated Correctional Health Service. The Health Agency's May 8, 2018, quarterly report is contained in Attachment II and a high-level summary is provided below.

Improving Residents Health Care Outcomes - Consumer Access and Experience

Patient Survey

- The DPH Division of Community Health Services (CHS) plans to implement the 2018 Patient Experience Survey (PES) at 14 public health centers in October 2018.
 - The self-administered survey will consist of the following domains: 1) demographics; 2) provider performance; 3) access to care; 4) provider's communication quality; 5) office staff performance; 6) clinic appearance; and 7) cultural and linguistic competency.
 - The survey will be available in English, Spanish, Chinese, Armenian, and Farsi.
 - To measure improvements in patient care, CHS will compare findings from this survey with those obtained from the 2016 PES.

Patient Experience

- Developed a DHS-wide dashboard on the data from the "Consumer Assessment of Healthcare Providers and Systems (CAHPS)" for both the Outpatient Primary Care Groups and Hospitals to better identify improvement opportunities. This dashboard has contributed to bringing transparency to performance scores to share ideas on better practices among facilities.
- Established a plan on increasing enrollment on the "My Wellness" patient portal.
- Installed "Happy or Not" devices in all Ambulatory Care Network (ACN) sites and MLK Jr. Outpatient Center.
 - The devices are feedback data collecting solution that helps DHS facilities improve patient experience by allowing patients to rate their experience by tapping on one of four smiley face icons.
 - Assists DHS identify areas of improvement in service delivery.

The MyWellness Patient Portal

- Patients can access MyWellness portal to view their lab results, summaries of care, health library search (patient education), prescription refill requests, appointment requests, provider messaging, radiology results, viewing provider clinical notes (OpenNotes).
- In April 2017, the MyWellness portal began to offer self-enrollment to improve patient sign-ups.
- In the past 12 months, there have been 4,111 self-enrollments on the MyWellness patient portal.
- Enrollment Efforts - Because only about 30 percent of patients invited to enroll in MyWellness complete the enrollment process, a number of enrollment efforts have been undertaken, including:
 - Peer mentors, who are trained life coaches who have suffered a disability or have been diagnosed with a physical disability, assisting newly disabled patients in their recovery process at Rancho Los Amigos;
 - Health educators assisting enrollment at ACN sites;
 - Emergency Department (ED) and registration staff enrolling patients;
 - Patient Access Center staff calling patients to assist completing enrollments; and
 - New enrollment campaigns in outpatient clinics and medical records offices.
- Enhancements - Planned enhancements of MyWellness include an improved look and feel (user interface), additional clinical results from microbiology and pathology, and an "E-Clipboard", which will also enable patients to fill out intake and other forms which link to the medical record.

Access to Care

- Reclassified over 300 Patient Access items and created a Patient Access Career ladder, to standardize items and improve staff retention.
 - 26 items were consolidated down to four: Patient Resources Worker; Patient Relations Representative; Supervising Patient Financial Service Worker I; and Supervising Patient Financial Services Worker II.
- Received over 600,000 phone calls through Patient Access call centers.
- Linked over 3,500 non-managed patients to primary care.

Whole Person Care:

- Of the \$327.93 million in forecasted revenue, approximately \$275.00 million has been committed and expended through June 2018 for WPC program, staffing, service and supplies, IT Clinical software, and infrastructure needs.
- Enrolled 23,741 individuals in WPC programs through March 2018 for a total of 243,313 cumulative member months served from January 1, 2017 through March 31, 2018.
- Executed a new temporary personnel services master agreement to support WPC staffing and programming needs.
- Filled approximately 277 positions out of a total of 396 positions from Round I, Whole Person Care positions, which includes some registry and contract positions. Working on a pathway to permanent County jobs for our contracted workforce, particularly for community health workers.

Providing Housing and Supportive Services for Homeless Consumers

Countywide Benefits Entitlement Services Team (C.B.E.S.T.)

- Expanded the C.B.E.S.T., to assist individuals who are homeless, or at risk of homelessness, with applications for Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Cash Assistance Program for Immigrants (CAPI) and Veterans' benefits to 35 locations, including 14 DPSS General Relief district offices, 15 community-based locations, and six County jail facilities.
- Screened 8,158 individuals and enrolled 6,712 individuals in the program from April 2017 through May 31, 2018.
- Linked 442 individuals to permanent housing, 73 individuals to interim housing, submitted 373 SSI/SSDI applications, and 16 veteran benefits applications. Received 79 SSI/SSDI approvals and eight veteran benefits approvals, and are awaiting dispositions on 302 applications from April 2017 to May 31, 2018.

Skid Row Sobering Center:

- A mobile sobering unit in Skid Row to identify and transport acutely intoxicated individuals to the Skid Row Sobering Center, in collaboration with Los Angeles Fire Department, was opened on November 14, 2017. This mobile unit is staffed by a nurse practitioner, an emergency medical technician, and a peer case manager. This unit is working hand in hand with Exodus Recovery, Inc., the operator of the Sobering Center to further address the health and safety of the community.
 - The Sobering Center has had over 5,000 admissions with almost 3,000 unique clients as of May 31, 2018.

Interim Housing

- Opened over 800 Measure H funded interim housing beds for people who are homeless and who have complex health and/or behavioral health conditions. Onsite services in interim housing include intensive case management services, health and behavioral health services, linkage to benefits establishment services, assistance with appointments and transportation, and entry into the Coordinated Entry System for linkage to permanent housing resources. Clients are referred from street outreach teams including Health Agency contracted multi-disciplinary teams and from institutions such as hospitals and custody settings.

Permanent Supportive Housing

- The Health Agency departments launched the Measure H funded permanent supportive housing program for people who are homeless and have complex health and/or behavioral health conditions. Clients receive federal or locally funded rental subsidies along with wraparound supportive services including DHS intensive case management services, DMH full service partnership services, and DPH substance abuse prevention and control substance use disorder outreach, assessment, and service navigation services.
 - Over 2,500 clients have been linked to permanent supportive housing to date.

Providing Services to County Residents with Psychiatric Needs - Overcrowding of Emergency Department by Individuals in Psychiatric Crisis

Mental Health Urgent Care Centers (UCC):

- DMH is on target to open two UCCs in 2018:
 - Harbor UCC opened in June 2018.
 - Long Beach UCC is projected to open in July 2018.
- DMH is on target to open San Gabriel Valley UCC in January 2019.
- The Board has approved additional funding for further expansion of up to five UCCs, with Antelope Valley UCC pending.

- As a result of the actions described above, the ratio of psychiatric urgent care visits to Psychiatric Emergency Services (PES) visits increased by six percent from 2016 to 2017.

Solicitation for Crisis Residential Treatment Facilities:

- On October 31, 2017, the Board authorized DMH to enter into agreements with providers of crisis residential treatment programs (CRTP).
 - Two providers are operational: Exodus Recovery, Inc. opened on December 18, 2017; Gateways opened on April 17, 2018.
 - Five CRTPs are in process: Clare Foundation – Projected June 2018; Los Angeles Centers for Alcohol and Drug Abuse - Projected December 2018; Special Service for Groups – Projected April 2019; Teen Project – Projected April 2019; and Star View - date pending.

Institutions for Mental Disease (IMD):

- DMH is in the final stages of the contracting process for additional IMD beds. A DMH Board letter approved the execution of agreements with Crestwood Behavioral Health, Inc. for 60 IMD beds and Sylmar Health and Rehabilitation Center, Inc. for 15 IMD beds to provide mental health services for individuals discharged from County, State and private hospitals psychiatric units, County jails and State prisons.

Additional Accomplishments and Outcomes

- DMH entered into Memorandum of Understandings (MOUs) with multiple non-Lanterman-Petris-Short (LPS) designated private hospitals to detain and transfer individuals on involuntary (5150) holds to divert patients from DHS Emergency Departments. While still in an early phase, very few patients are being transferred to DHS. Further expansion is planned.
 - This has reduced the times that PES is operating above capacity. In 2017, the DHS PES' were above capacity 4.7 percent fewer days than they were in 2016. This represents substantial progress over the previous historical trends.

Culturally and Linguistically Oriented - Access to Culturally and Linguistically Competent Programs and Services

Hospitals, Outpatient Centers, and Comprehensive Health Centers

- DHS hospitals, outpatient centers, and comprehensive health center facilities conduct the "Consumer Assessment of Healthcare Providers & Systems" Survey (CAHPS® Survey) on an on-going basis. Additionally, DHS conducted a survey with three "Custom Questions" related to cultural competency at all 43 DHS outpatient primary care clinics and facilities, during the period of June 1, 2017 to February 28, 2018.

DHS' findings for the cultural competency patient satisfaction questions are as follows:

- 80 percent of patients, out of 5,275 patients who responded to the question, agreed or strongly agreed that staff were sensitive to their cultural background.
- 97 percent of patients, out of 5,480 patients who responded to the question, stated that they were provided services in their language.
- 95 percent of patients, out of 5,480 patients who responded to the question, stated that written information was available in their language.
- All DHS hospitals, multi-service ambulatory care centers, and comprehensive health center facilities capture the "preferred language" of the limited English-proficient (LEP) patients.
- According to DHS' "Language Report" database for FY 16-17, DHS facilities provided healthcare services to a total of 1,195,180 patient visits with LEP skills, representing 52 percent of DHS' total patient visits (2,291,001).

- During the same time period, a total of 487,079 unique patients sought healthcare services throughout DHS facilities, 267,003 (55 percent) of whom spoke English and 220,076 (45 percent) spoke a language other than English.
- Furthermore, DHS patient utilization data indicated that 107 languages were spoken by LEP patients, including the top 12 languages that are heavily utilized, and therefore, are in much greater need for interpreter (voice/verbal) and translation (written) services. They are as follows: Spanish, Cantonese, Mandarin, Korean, Tagalog, Armenian, Vietnamese, Russian, Arabic, Farsi, Thai, and Khmer (Cambodian).

Implicit Bias and Cultural Competency:

- DHS is an active member of the Los Angeles County Government Alliance on Race and Equity (GARE) cohort and has affirmed its commitment to the Implicit Bias and Cultural Competency (IBCC) training related to improving DHS' ratings in the CAHPS survey, as described above.

Translation and Interpretation Services:

- From December 2017 to March 2018, "DHS Appointment Service Center" received 5,252 calls and provided 45,062 minutes of interpretation service.
- Coordinated the written translation of various forms for posting on ORCHID's MyWellness Patient Portal.
- Interpretation Services Review and Cost Benefit Analysis: Examined all modes of interpretation, including the Health Care Interpreter Network (HCIN) agreement, as well as the agreement for telephonic interpretation services, to determine both the effectiveness and efficiency of obtaining interpretation services through these modes. Specifically, DHS is examining whether the existing video medical interpreter (VMI) devices and our participation in the related nationwide network is the best method of providing these services to patients. DHS anticipates concluding its review and a cost benefit analysis by summer 2018.

Sexual Orientation

- Incorporated the collection of data for the domain of "Sexual Orientation and Gender Identity" (SOGI) into ORCHID as of September 2017.
 - From September 2017 through February 2018, a total of 72,082 responses have been captured for the domain of "Self-expressed Sexual Identity/Orientation."
 - Additionally, a total of 63,384 responses have been captured for the domain of "What is your current gender identity?"

Health Equity Summit:

- In collaboration with DPH, provided a presentation during the "DPH Annual Nurse Leadership Summit" in December 2017. The theme of the summit was "Center for Health Equity" and the presentation focused on the "Initiative: Cultural and Linguistic Competency." Eighty nurse managers participated.
- The Workgroup on Social and Behavioral Determinants of Health (SBDOH), led by DHS and comprised of representatives, standardized the collection of SBDOH data across various clinical settings:
 - Incorporated the collection "Race, Ethnicity, and Language (REAL)" data into ORCHID in December 2016. Both DHS and DPH are collecting this data.
 - Incorporated the collection of "SOGI" data into ORCHID in September 2017. Both DHS and DPH are collecting this data.

Housing and Food Insecurity

- Submitted "Housing Insecurity and Food Insecurity" data collection recommendations for the Primary Care Workgroup's review. ORCHID screening questions will be incorporated pending the Workgroup's approval of the recommendations.

Interpretation Services:

- Received 842 calls and provided 11,050 minutes of interpretation service at the "Health Agency Call Center," from December 2017 to March 2018.
- While encountering non-English speaking members of the public, Whole Person Care Community Workers, made 144 calls for interpretation services, totaling 1,664 minutes. They also coordinated the establishment and connectivity of the telephonic healthcare interpretation service for "Correctional Health Services," from December 2017 to March 2018.

Community Outreach and Campaign:

- Hosted Public Health week on April 4, 2018, in collaboration with the three Health Agency Departments, Esperanza Community Housing and Visión y Compromiso. The event was titled "Power from Within: Promotores, Community Health Workers and Culturally-Centered Care." Over 70 leaders and senior managers, Promotores, and Community Health Workers from Agency Departments and community organizations were in attendance. The bilingual program featured remarks from Supervisor Solis, a panel elevating the voices of Promotores and Community Health Workers, and table discussions that identified strategies for improving cultural competence countywide.
- Released an ad campaign to announce the Health Agency's Center for Health Equity website during Public Health Week, <http://healthequity.lacounty.gov> through collaborative efforts between DMH and DPH. The ad campaign is comprised of billboards and digital ads placed in heavy traffic areas such as schools, churches, malls, and transportation outlets – airports (Los Angeles International, Long Beach, and Burbank), busses, metro rails, transit shelters, benches, and poster boards. The goal of the ad campaign is to inform Los Angeles residents about the Center for Health Equity, its mission statement, guiding principles, and five strategic initiatives. Additionally, the website features reports from the listening sessions held in each of the Supervisorial Districts, data on equity issues in Los Angeles County, and opportunities for involvement.

DMH Promotores:

- Operationalized Promotores in four of DMH's Service Areas (SAs) - SAs 4, 6, 7 and 8. Ninety (90) Promotores are available to work as needed, part time. They are based in the community and conduct outreach through mental health presentations in schools, churches, community centers, parks, libraries, and private homes. Due to their number and flexible schedules, we have been able to engage in over 1,000 presentations to date this year.
- Promotores have engaged in significant outreach to inform communities about the threat of lead exposure secondary to Exide, and the threat of vector borne illnesses, such as West Nile virus and Zika virus. We are working closely with DPH to train and oversee Promotores engaged in this work.
- Trained Promotores on immigration issues that impact undocumented residents (e.g., DACA) and stress-related disorders that may impact these individuals.
- DHS, DMH, and DPH continue to work collaboratively to define the roles of Promotores/Community Health Workers serving the County.
- Exploring the expansion of Promotores across the Health Agency and developing culturally relevant health promoter services to other cultural communities.

Health Agency's Institute for Cultural and Linguistic Inclusion and Responsiveness (ICLIR)

- Implemented the ICLIR with a mission to create culturally and linguistically appropriate pathways that address gaps in service delivery and advance the Health Agency's ability to meet the needs of Los Angeles County communities. The ICLIR model consists of four strategic domains:
 - Infrastructure centered on cultural and linguistic competency responsiveness;
 - Training and staff development activities;

- Communication and stakeholder involvement mechanisms; and
- Resources for cultural competency, health equity and disparities.
- Held the ICLIR's first implementation meeting on April 4, 2018, with members from the former Access to Culturally Competent and Linguistically Appropriate Programs and Services workgroup. Representatives from the three departments developed the name for the Institute, conceptualized its mission statement, and provided feedback on the framework model presented by DMH. The ICLIR workgroup will meet monthly.

Providing Substance Use Disorder (SUD) Treatment Services - Implementation of Expanded SUD Disorder Benefits

- Implemented Sage, an Electronic Health Record (EHR) system, to perform clinical data reporting and billing functions that will contribute to improving patient care and supporting coordination with other health systems.
- Added 11 co-located (e.g., County facilities) Client Engagement and Navigation Services (CENS) sites for a total of 47 locations providing screening and referral services.
- Added 28 Recovery Bridge Housing beds for a total of 649 abstinence-based interim housing slots for homeless adults who are concurrently enrolled in outpatient treatment.
- Conducted 10 presentations and participated in 9 health fairs to promote the new Drug Medi-Cal Organized Delivery System benefit package, and directly reached approximately 4,000 attendees and 160 referral entities.

Advancing Better Medical Services for Vulnerable Children and Transitional Age Youth

Streamlining Referrals

- Created a streamlined process for urgent non-emergency referrals to specialists within DHS networks as of January 2018. This effort was led by the Integrated Pediatric Workgroup and will allow pediatric patients in DHS and affiliated clinics to have timely access to specialty referrals and fewer Emergency Department visits for non-emergency specialty consultations.

Vulnerable Children and Transitional Age Youth Workgroup:

- As of April 2018, the Vulnerable Children and Transitional Age Youth Workgroup, in conjunction with the Integrated Pediatric Workgroup has:
 - Integrated DMH, DPH, and DCFS team members into the Hub Clinic workflows to streamline intakes and ongoing assessment of children in the foster care system.
 - Partnered with DMH to identify additional sites for integrated mental health services for vulnerable youth, with a particular focus on the High Desert/Antelope Valley region.
 - Expanded the services for the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) youth in the Hub Clinics (across DHS) and in the Alexis Project Clinic at LAC+USC.

LGBTQ Workgroup:

- As of April 2018, the Integrated Pediatric Workgroup in conjunction with the LGBTQ workgroups across DHS sites has:
 - Begun implementing the strategies outlined in the Supporting and Serving the LGBTQ or Questioning Youth Initiative, established by the Board in January 2018.
 - The strategies are intended to increase participation in the Health Equality Index designation to align with best practices for the LGBTQ population, including identification of patient needs and implementation of both generalized and specialized medical and mental health services for LGBTQ youth.
- Screened more than 5,500 youth ages 12-24 for Sexual Orientation/Gender Identity as of March 2018.
 - More than 350 identified as LGBTQ.

- In addition to the screening, provider education and program development efforts have begun with the goal of further supporting this population.
- Continues to work with the OCP on achieving the goals set out in its prevention plan.

Mental Health:

- Continue planning to expand DMH services at the four (4) Medical Hub sites that currently have co-located DMH staff.
- Partnering with UCLA to train mental health providers on the Families Overcoming Under Stress (FOCUS) treatment model that addresses trauma and resiliency. Trainings will begin in June 2018 and will be hosted by DHS on the MLK Campus. A total of 15 providers will be provided training for their supervisors and line staff. Providers will then train others.

Public Health Nurse Consolidation Under DPH – Child Welfare Public Health Nursing (CWPHN) Program

- The DCFS Public Health Nurse (PHN) program was consolidated under DPH on July 3, 2017, which combined the DCFS PHN program, serving children and youth in the home of parents, with the Health Care Program for Children in Foster Care (HCPCFC) serving children and youth in foster care.
- The CWPHN Steering Committee was established and included representatives from OCP, DCFS, and DPH who met regularly to continue collaboration on services provided to child-welfare-involved children and youth.
- Updated key policies and procedures to reflect the transition and transfer of staff.
- Staff transferred from DCFS received DPH required training.

Monitoring Psychotropic Medication Used by System-Involved Children

- Participate in the monthly Psychotropic Medication Workgroup.
- Revising policies and procedures to ensure timely completion of follow-up and assessment of the reactions and effect of psychotropic medications prescribed to system-involved children and youth.

Health Care Program for Children in Foster Care – Services to Children in Foster Care

- Services provided by HCPCFC and PHNs include consultations and follow-up on physical exams. Between January 1, 2018 through June 30, 2018, there were:
 - 22,255 unique children/youth included in the HCPCFC database.
 - 28,346 consultations were provided for 22,255 clients.
 - 4,178 initial consultations
 - 24,168 follow-up consultations
 - 11,865 physical assessments were provided for 10,550 unique clients.

Medical Hubs – Collaboration with OCP and DCFS to Meet Clinical Needs of Foster Children

- Participating in ongoing planning meetings regarding priorities for further development of the Hub system. Key areas of discussion have included:
 - The need to meet timely access standards for priority populations;
 - The importance of establishing expected practices to ensure consistency of clinical practices between DHS sites; and
 - The need to expand mental health services to all Hub sites.
- Development of a data-sharing agreement between OCP, DCFS, and DHS so that data matches can be performed that are critical to ongoing monitoring of compliance with meeting timely access standards for medical examinations set forth by DCFS for priority populations including: a) detained children; b) children requiring forensic exams; and c) commercially sexually exploited children.
- Investigating opportunities to optimize revenue generation for children seen in the medical hub system.

Decisively Addressing Chronic Disease and Injury Prevention

Interagency Workgroup for Chronic Disease and Injury Prevention's Smoking Cessation Efforts (CDIPSME):

- Continued its effort to standardize the smoking cessation protocol and cessation services delivered across the Health Agency-operated clinics. These include 14 Public Health centers, 25 DHS directly-operated clinics, and nearly 40 DMH sites. With support from Proposition 56, the CDIPSME Workgroup proposes to utilize a behavioral design team within the three departments to help iteratively design/redesign, test and engineer these cessation protocols and interventions into part of the clinical workflow. The Workgroup is in the process of acquiring a consultant to assist with this effort.
- Contracted with the California Smokers Helpline to incentivize LA County residents to quit smoking through the State quit line as part of the Proposition 56 Work Plan. This Helpline program is available to all residents who smoke and express interest in quitting, including for the clients of the Health Agency.

Trauma Prevention Initiative (TPI) and Parks After Dark (PAD) Program (Attachment IIa):

- Continued support of hospital-based violence intervention (HBVI) services at St. Francis Medical Center during the first half of 2018. Preliminary counts of case management activities suggest that approximately 150 client engagements have taken place during the first six months of the project. Planning for the expansion of HBVI services at Harbor/UCLA Medical Center continues.
- Offered a range of recreational activities, educational workshops and courses, and entertainment/cultural programming at 23 selected parks in communities of high economic hardship, obesity prevalence, assault rates, and justice-involved youth (as compared to the County overall) during summer 2017. For 2018, expansions to ten additional parks have been confirmed, as well as the provision of parks programming on a more year-round basis.
- Working to launch the Martin Luther King Community Healing and Trauma Prevention Center to provide services aimed at reducing rates of trauma related injuries and assisting victims in recovering from trauma. Programming will focus on reducing childhood trauma, building a community of peace, and supporting community organizations in expanding trauma-informed care. To date, a landscape analysis has been performed in the Willowbrook area where the center will focus efforts, and community input will be requested at the upcoming Willowbrook community summit. Launch of the Center is targeted for mid-July.

Community Engagement:

- Convened and launched a TPI, and Training and Technical Assistance (TTA) Team to assist service agencies with their efforts to address and prevent violence and all forms of trauma in these communities. More than 25 non-profit service agencies requested access to this free resource. This is part of continuing efforts to engage the community and improve services capacity in communities of Westmont/West Athens, Willowbrook, East Compton, and Florence-Firestone.
- Building upon the highly successful Westmont West Athens Unity Summit at the Los Angeles Southwest College on March 4, 2017, DPH and its Health Agency partners utilized a similar approach to initiate community engagement efforts in Willowbrook, one of the four high-needs communities where TPI violence prevention efforts are focused. Two summits took place in May and June 2018, for both the Willowbrook and Westmont West Athens communities. The summits engaged and highlighted stakeholders and residents as thought partners and community experts to develop strategies and inform planning to address violence and trauma locally. There were 343 attendees.
- Through a complementary TTA effort, TPI is also providing free workshops and customized, one-on-one technical assistance to community organizations interested in building capacity to do violence prevention work. Seventy-four individuals attended the workshops, representing 60 community-based organizations from the four TPI communities: Florence-Firestone, Willowbrook, West Athens/Westmont, and East Compton.



HOMELESS INITIATIVE

We want to prevent homelessness and house the homeless.

On February 9, 2016, the Board approved the Los Angeles County Homeless Initiative (HI) recommendations, which included 47 strategies to combat homelessness. On December 6, 2016, the Board approved four new strategies as part of the Measure H ordinance, bringing the total number of strategies to 51. Of the 51 HI strategies approved by the Board, 46 have been fully or partially implemented, and four are targeted for implementation by September 2018. The HI provides the Board with quarterly status reports on these strategies. The May 15, 2018, HI quarterly report is contained in Attachment III and a high-level summary is provided below.

| |
|---|
| <p>A1: Housing Homeless Families - Homeless Prevention Program for Families</p> <ul style="list-style-type: none"> • Provided 771 families with homeless prevention services through the Family Solutions Centers. Of those 771 families, 300 families exited the program and 219 (73 percent) either retained their housing or transitioned to other permanent housing. (July 2017 through March 2018). |
| <p>B1: Housing Homeless Disabled Individuals - Provide Subsidized Housing to Homeless Disabled Individuals Pursuing Supplemental Security Income (SSI)</p> <ul style="list-style-type: none"> • Housed 802 disabled adults pursuing SSI (July 2017 through March 2018). |
| <p>B3: Expanding Rapid Re-Housing (RRH) - Partner with Cities to Expand RRH</p> <ul style="list-style-type: none"> • 1,750 RRH participants were placed in permanent housing. |
| <p>B4: Leveraging Federal Resources - Facilitate Utilization of Federal Housing Subsidies</p> <ul style="list-style-type: none"> • The Housing Authority of the County of Los Angeles (HACoLA) provided \$880,686 in incentives to landlords to help secure 403 units for housing voucher recipients (July 2017 through March 2018). |
| <p>B7: Housing Individuals Existing Institutions - Interim/Bridge Housing for Those Exiting Institutions</p> <ul style="list-style-type: none"> • The Department of Health Services (DHS) provided interim housing to approximately 1,437 individuals who were discharged from private hospitals (July 2017 through March 2018). |
| <p>C4/C5/C6: Assisting Homeless Access Benefits - Establish a Countywide SSI and Veterans Benefits Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness</p> <ul style="list-style-type: none"> • Countywide Benefits Entitlement Services (CBEST) teams assisted 5,703 disabled individuals with applications for SSI and Veterans Disability Benefits (July 2017 through March 2018). |
| <p>D2: Working with Homeless While Incarcerated - Expansion of Jail-In-Reach</p> <ul style="list-style-type: none"> • Engaged 2,987 inmates through the Jail-In-Reach project (July 2017 through March 2018). |
| <p>D6: Expunging Criminal Records of Homeless - Criminal Record Clearing Project</p> <ul style="list-style-type: none"> • Expungement services were launched in January 2018 <ul style="list-style-type: none"> ○ Public Defender held 20 record-clearing services events throughout the County; ○ Engaged 267 clients; and ○ Filed 117 petitions for dismissal or reduction, of which 78 have been granted so far. |
| <p>D7: Working on Obtaining Permanent Housing - Provide Services and Rental Subsidies for Permanent Supportive Housing (July 2017 through March 2018)</p> <ul style="list-style-type: none"> • Intensive Case Management: 2,195 clients linked to Intensive Case Management slots. • Federal Rental Subsidies: 1,108 clients received subsidies. |

| |
|--|
| <ul style="list-style-type: none"> • Permanent Housing: 476 clients were placed in permanent housing. |
| E4: Promoting Professionalism in Working with Homeless - First Responders Training <ul style="list-style-type: none"> • Provided 42 First Responder Training classes with approximately 1,152 deputies and sergeants attending (as of March 31, 2018). |
| E6: Promoting a Team Approach in Serving Homeless - Countywide Outreach System <ul style="list-style-type: none"> • Multidisciplinary Teams (MDTs) contacted more than 13,800 individuals, connected 4,663 individuals to services, placed 632 individuals into interim housing, and linked 267 individuals to a permanent housing program, (July 2017 through March 2018). |
| E8: Strengthening Emergency Housing - Enhance the Emergency Shelter System <ul style="list-style-type: none"> • Since January 2017, contracts have been awarded to service providers for 302 new Crisis and Bridge Housing beds and 115 new Bridge Housing beds for women. • From July 2017 through March 2018, 10,330 individuals entered crisis, bridge, and interim housing funded in whole or in part by Measure H. • During the same period, 1,703 individuals exited interim housing to permanent housing. |
| E14: Committed to Our Homeless Youth - Enhanced Services for Transitional Age Youth <ul style="list-style-type: none"> • Assessed 2,768 youth have been assessed using the Next Step Tool. (July 2017 through March 2018). |

Other Homeless Initiative Directives

Addressing Homelessness on a Regional Level - Coordination with Cities and Councils of Government

- In July and October 2017, the Board allocated a total of \$2.575 million for regional coordination services by Councils of Government (COGs) and homelessness planning grants for cities in the Los Angeles Continuum of Care. There are 45 cities completing homeless plans.
- In partnership with the United Way Home for Good's Funders Collaborative (Funders Collaborative), Corporation for Supportive Housing, LAHSA and County departments and agencies, the CEO convened six additional Technical Assistance Sessions with the grantee cities from February to April 2018.
- Agreements for regional coordination services have been executed with all COGs, including the San Gabriel Valley, South Bay Cities, Gateway Cities, Westside Cities, San Fernando Valley, and Las Virgenes-Malibu COGs.

Sharing Information to Improve Homeless Services – Assembly Bill (AB) 210 Passage

- County-sponsored AB 210 became effective on January 1, 2018. AB 210 authorizes counties to establish multidisciplinary personnel teams that can share confidential information in order to coordinate housing and supportive services, ensure continuity of care, and reduce duplication of services to homeless adults and families. Once fully implemented, the new law will considerably aid in the County's efforts to prioritize the care of high-cost homeless single adults.
- The CEO is working with heads of participating agencies to sign a Participating Agency Agreement indicating their participation in information sharing authorized by AB 210 and agreement to abide by the protocol and policies and procedures.
- A training for personnel who will participate in information sharing under AB 210 has been developed and will be administered by the Department of Human Resources.
- The Chief Information Office is leading the development of an automated system to facilitate information sharing authorized by AB 210.

- Since December 2016, the CEO has made available to eligible County departments, files with the names of their clients who are among the five percent of homeless single adults identified as the heaviest users of County services. With the authority granted under AB 210, the CEO plans to release the next version of the five percent list with past and current service information included; as a result, participating County departments will know if individuals on their lists are utilizing other departments' services. AB 210 will greatly enhance the County's ability to prioritize housing and related services for heavy users of County services, as directed by the Board on February 9, 2016.

Public Transparency - Measure H Citizens Impact Dashboard

- CEO worked closely with United Way Home for Good and the Los Angeles Homeless Services Authority to develop a dashboard that will display Measure H progress to the public.
 - The initial iteration of the dashboard went live on the HI website on March 16, 2018;
 - Dashboard will be updated with data through June 2018, with quarterly updates thereafter; and
 - The dashboard data is broken down by population (single adults, veterans, youth, and people in families), and includes the metrics tracking permanent housing placements, housing retention, shelter/interim housing, prevention, income, and time from assessment to housing.

Linking Homeless to Employment - Measure H Job Fair and Jobs Website

- Website: To bolster the critical ramp-up effort for Measure H implementation, the HI launched jobscombattinghomeless.org – a dedicated Webpage to connect homeless service providers in all eight Service Planning Area to job seekers.
- Job Fair: The HI, Los Angeles Homeless Services Authority, and the Office of Los Angeles Mayor Eric Garcetti held the second Homeless Service Professionals Job Fair on April 13, 2018.
- Website: In its first ten weeks (February – mid-April), the HI jobs website analytics show upwards of 20,000 overall page views and providers have reported an increase in both the number and quality of applicants, reinforcing the value of the online jobs clearinghouse.
- Job Fair: More than 750 people attended the fair, which included 50-plus employers with available job openings. On the day of the event, 23 on-the-spot job offers were made by homeless service providers. It is expected that more job offers will be made after agencies review resumes and schedule additional interviews. Another job fair will take place in the next three to five months.

Advancing Best Practices and Knowledge - 2018 Homeless Initiative Conference/Post Conference

- On February 8, 2018, the HI hosted the second annual Homeless Initiative Conference entitled "Partnership and Innovation to Prevent and Combat Homelessness."
- Over 550 stakeholders attended the conference, including elected officials, County departments, cities, homeless service providers, business sector, faith-based organizations, academics, foundations, formerly homeless residents, and community coalitions, to reflect on the collective achievements of the countywide movement to prevent and combat homelessness; discuss on-the-ground experiences related to the implementation of Measure H, and plan for the future.



ENVIRONMENTAL HEALTH OVERSIGHT

We are
prepared to
address
environmental
threats.

On June 27, 2016, the Board added Environmental Health Oversight and Monitoring as a fifth priority to those established by the Board a year earlier. The CEO subsequently, convened the DPH, Fire, Public Works, and the Office of Emergency Management to create a framework for advancing County efforts in this area and provided a written report to the Board on December 13, 2016, which included DPH's framework paper "Environmental Oversight and Monitoring: Building Capacity to Address Environmental Threats," which outlined the approach for implementing this Board priority. During the past three years, the County has responded to several major environmental threats that impacted the health and well-being of entire communities. These included an unpermitted lead smelter operated by Exide Technologies that released toxic emissions, the release of natural gas from the Aliso Canyon gas storage facility, a metal fire and explosion in the City of Maywood, and emissions of hexavalent chromium from high-risk facilities in a mixed industrial/residential area in the City of Paramount.

Two factors were common in each of these incidents: 1) a high-risk facility, or multiple facilities operating in close proximity to densely populated areas; and 2) substantial and prolonged regulatory non-compliance. The County's experience in responding to these threats clearly demonstrated the need to strengthen its capabilities to prevent, prepare for, and respond to environmental health hazards. Strengthening these capabilities leads to better informed and empowered communities, greater enforcement efforts by State and local regulators, improved compliance on the part of regulated industries, reductions in toxic emissions, and ultimately improved health outcomes. What follows is a high-level summary of activity from January 2018 through June 2018:

Status of Major Existing Health Threats

Educating Communities of Health Risks - Hexavalent Chromium Emissions in Paramount and Compton

Providing health information to residents, and supporting efforts to reduce chromium emissions through rulemaking and changes in chromium plating operations.

- Provided updated information and health education material to Paramount residents by email, phone, in-person meetings, and through online resources. Board updates were provided on January 19, and April 5, 2018 (Attachment IV).
- Commissioned the report "Assessment of Hexavalent Chromium Emissions Control Technologies and Alternative Plating Technologies," which presents a preliminary assessment of available technologies used to reduce emissions or used as an alternative to hexavalent chromium. The report will inform South Coast Air Quality Management District's ongoing rulemaking process, and support efforts to drive changes in the manufacturing process that reduce the use of hexavalent chromium.

Advocating and Educating the Public - Lead in Communities Impacted by the Former Exide Facility
Providing support, information, and resources to impacted residents and urging the State to fulfill its obligation to provide adequate health protection.

- Conducted over 200 office visits to clinics and medical providers that serve the residents impacted by Exide to provide information on risk, associated health conditions, and recommended screenings.
- Established a “wellness center” at the East Los Angeles Health Center to serve impacted residents and uninsured patients by providing support, information, resources, and blood lead screenings.
- Provided guidance to Los Angeles and Montebello Unified School District staff on the community health needs as a result of lead contamination from Exide, including the importance of blood lead testing.
- Partnered with South Central Los Angeles Regional Center to increase the awareness of the potential health impacts on child development from exposure to Exide contaminants, enhance screening services for children, and identify programs available to assist children in the preliminary investigation area with learning difficulties, behavioral conditions, and other functional problems.
- Focused advocacy efforts on urging the State to fulfill its obligations to clean up properties with highly contaminated soil.
- Testified at legislative hearings and met with key legislators to achieve the three key changes in the State clean-up plan for the residential area. The County team continued to develop strategies focusing on both the State budgetary process and proposed legislative changes.

Championing Health Studies and Air Quality Monitoring - Aliso Canyon Natural Gas Disaster
Continuing to advocate for a long-term health study, and supporting community-led efforts to establish a local air monitoring system.

- Prepared a brief summary of the scope and estimated cost for a long-term health study of affected residents.
- Continued to advocate for a long-term health study that is appropriate to the scale and significance of this event.
- Formed an Aliso Canyon Ad Hoc Committee with Porter Ranch Neighborhood Council and the South Coast Air Quality Management District with the goal of identifying funding for gas monitoring to better inform the community of gas releases from the facility.

Status on Prevention-Focused Strategies

Promoting Prevention Strategies - Demonstration Project in Florence-Firestone
Continued work with multi-agency partners to address current enforcement actions and to develop strategies that improve interagency communication.

- Convened a multi-agency work group with local and State regulatory agencies to explore areas for potential cross-training, data-sharing, geographic information systems mapping, and interagency communication that can help focus regulatory decision-making on health protection and community-centered solutions to improve environmental conditions.
- Leveraged the combined enforcement authorities of local and State regulators to ensure enforcement actions resulting from joint inspections at six prioritized facilities were addressed with urgency.
- Developed a toolkit for community residents and partners to guide efforts that reduce exposure to

environmental hazards in highly burdened communities.

Pursuing Prevention Policies and Reforms - Neighborhood Oil and Gas Production

Informing policies under development by both the County and incorporated cities regarding increased oversight of oil and gas facilities in close proximity to sensitive populations.

- Published report “Public Health and Safety Risks of Oil and Gas Facilities in Los Angeles County,” which was comprised of a review of health-related studies; recognition of relevant informational gaps; and identification of measures to reduce potential health impacts. The report informs local and statewide policy related to this issue (Attachment IVa).
- Developed a two-year action plan with community partners and the Asthma Coalition of Los Angeles to create policy reforms in five areas: 1) institute a minimum buffer; 2) strengthen air monitoring requirements; 3) require community safety planning process; 4) increase local oversight of facilities; and 5) enhance emergency response planning.



JUSTICE REFORM

We are prioritizing health, public health and mental health in the justice system.

Beginning in 2015, the Board has championed efforts and made Justice Reform a priority, transforming how health, public health, and mental health services are provided in our jails. The Board also established the Office of Diversion and Reentry (ODR) to divert persons with mental disorders and/or substance use disorders, including homeless, from our jails and link them to appropriate health, mental health, and substance use disorder services. Later in 2016, the Board established the Sheriff's Civilian Oversight Commission to engage the community and increase transparency and accountability of the Sheriff's Department. These collective efforts aim to decrease recidivism, enhance public safety, increase transparency and improve access to care to those who need it. The following is a summary of the achieved milestones and other critical activity. ODR's June 5, 2018, status report is contained in Attachment V, and a high-level summary is provided below.

Office of Diversion and Reentry (ODR)

Linking Clients to Services - Misdemeanor Incompetent to Stand Trial-Community Based Restoration (MIST-CBR)

- Removed (diverted) over 750 clients from jail and connected them to community-based treatment including community outpatient, inpatient, and supportive housing programs.

Providing Housing to Clients Released from Jail - ODR Housing Program

- Released over 1,127 homeless clients with serious mental or substance use disorders from LA County jail to housing. The ODR Housing program provides intensive case management services, linkage to mental health and substance use treatment, interim housing, and permanent supportive housing.
 - Majority of these diversions are actively coordinated by ODR staff in the criminal courtroom.
 - ODR felony pretrial diversion program in the Central District Court received its own full-time courtroom and judge, and has just been expanded to the Compton Court House.

Augmenting Our Resources - Leveraging Non-County Dollars

- Launched LA County's first Law Enforcement Assisted Diversion (LEAD) program to divert individuals with substance use disorders at the point of arrest for drug or prostitute charges (November 2017). Awarded \$5.9 million from the Board of State and Community Corrections.
 - Over 100 individuals diverted to date.
- Began implementation of Proposition 47 grant. Awarded \$20 million from Board of State and Community Corrections to provide supportive services, linkage to mental health and substance use treatment services, and recovery bridge housing. Thirty-three (33) individuals have been served since services were initiated in April 2018. Projected to serve over 1,000 by the end of FY 2018-19.

- Launched LA County's first Pay for Success (PFS) project to scale ODR work to provide permanent supportive housing to homeless inmates with mental health and substance use disorders. Awarded \$2 million from the Board of State and Community Corrections. Ninety (90) clients have been served since PFS initiation in October 2017. Projected number to be served over two years of PFS enrollment is 300.

Strengthening our Supports to Probationers - The California Community Corrections Performance Incentives Act of 2009 (SB 678 program)

- Breaking Barriers-Expanding rapid rehousing program for homeless probationers under the Homeless Initiative from 200 to 400 served.
- Reentry Intensive Case Management Services (R-ICMS)-ODR will deliver R-ICMS to over 2,400 individuals impacted by the justice system per year in order to improve health outcomes and reduce recidivism.
 - Services will be delivered by interdisciplinary teams including community health workers with lived experience in the justice system.
- Community Reentry Center - Along with Probation, ODR will implement the County's first Community Reentry Center in Los Angeles to provide a welcoming environment to connect probationers to needed services.
- Workforce Development - In collaboration with Probation and Workforce Development, Aging and Community Services, ODR will ensure adult felony probationers are on the path to living wage employment through individualized employment support services and training.

Supporting Our Youth - Implementing Youth Diversion and Development

- Held Youth Diversion and Development Summit on March 1, 2018, with attendance of over 375 individuals.
- Identified \$7.4 million annually to fund youth diversion services in lieu of arrest or citation. Funds will support the diversion of approximately 2,600 young people.
- Identified an additional \$200,000, annually for three years, to fund law enforcement and community organization training and diversion summits.
- Identified the eight geographical areas where diversion efforts will begin. Solicitation process for community based providers scheduled to launch in July 2018, with contracts anticipated to be executed in September 2018.

The Sheriff Civilian Oversight Commission

The Sheriff Civilian Oversight Commission (COC) was established in November 2016 to improve public transparency and accountability with respect to Los Angeles Sheriff Department (LASD) by providing opportunities for community engagement, ongoing analysis and oversight of department's policies, practices, procedures, and advice to the Board. Below is a high-level summary of achieved milestones and critical activity. The 2017 COC Report is contained in Attachment Va.

Sheriff Civilian Oversight Commission

By Engaging the Public - Commission Meetings

- Since the inaugural Commission meeting in January 2017, COC has conducted 16 Commission meetings, eight Town Hall meetings and numerous community meetings. To date, this has resulted in over 1,400

members of our community attending and engaging with the COC.

- Convened members of the COC and LASD for a February 7, 2018, Post-Incident Response Emergency Town Hall in Westmont area to function as a bridge between LASD and the community following a deputy involved shooting incident.

By Maintaining the Public's Trust - Monitor Implementation of Department of Justice (DOJ)/Rosas Compliance Status (Force and Inmate Grievance Settlement)

- Monitors the Implementation Plan of the Rosas v. Baca agreement. The court-appointed monitor has updated the COC with quarterly report briefings on two occasions. The 2018 updates are pending.

Pursuing Policies and Reforms - Policy Recommendations

- Adopted a policy concerning the use of Unmanned Aircraft System (UAS) by the LASD. While the COC voted to request that the LASD ground the UAS, the Sheriff has indicated he will continue to utilize the device, but will abide by the recommendations outlined in the COC UAS Report. The Sheriff has ensured that quarterly UAS status reports are presented at COC meetings since December 2017.
- Adopted recommendations concerning potential improvements to LASD use of Mental Evaluation Teams (MET). The COC voted to increase the number of MET teams from 23 to 60, and to prioritize a department-wide de-escalation training with a mental health focus; funding availability may impact implementation timelines.
- Currently reviewing LASD, Use of Force policies by deputies on patrol. The review has resulted in the COC conducting a survey on Body Worn Cameras to solicit community feedback associated with a request from Sheriff Jim McDonnell. This report will be delivered to the Board and LASD by the end of 2018.
- Reviewing the LASD cooperation with Federal Immigration Agents in the jail system. The COC conducted a "Call for Speakers" in January 2018 to solicit feedback from the community post SB 54. This review is ongoing.
- Reviewing the LASD's compliance with the Prison Rape Elimination Act (PREA). LASD, Office of Inspector General (OIG), and COC have been committed to meeting to develop a PREA plan (Attachment Vb). The review is ongoing.

Other Activities

- Collaborated with LASD and the District Attorney (DA) in their review of enforcement of Cannabis DUI laws and their April 2018 recommendations to fund the implementation of a LASD Drug Recognition Experts (DRE) training program.
- Currently reviewing the following issues: Bail Reform, improvements in the LASD complaint process, health care in the jails, and Internal Affairs staffing, among other issues.

The Sheriff's Department

The LASD has taken several steps to implement reforms, including developing and implementing strategies to replace Men's Central Jail to better manage its inmate population; implementing the DOJ/Rosas Settlement reforms; and partnering with the DHS to transition to the Integrated Correctional Health/Medical Services Bureau. The LASD's detailed narrative is contained in Attachment Vc, and a high-level summary of achieved milestones and critical

activity is provided below.

Sheriff Priorities/Justice Reform

By Improving How We Provide Health and Mental Health Services to Inmate-Patients - Jail Replacement

Mira Loma Women's Detention Facility

- Two proposers have been found to be qualified and will be invited to bid on the Design-Build contract solicitation.
- The State and County have agreed to easement boundaries on the property to support the ground lease agreement.
- The State is reviewing the contract solicitation document and upon approval, will be released to the qualified proposers to receive their proposals in August 2018.
- Award of the Design-Build contract is anticipated in 2018 to be concurrent with the award of the Design-Build contract for Consolidated Correctional Treatment Facility (CCTF) (see below).

Consolidated Correctional Treatment Facility

- Contract solicitation for design and building was issued to the two short-listed proposers.
- Board approval will be solicited on several issues in approximately August – September related to this matter:
 - Final Environmental Impact Report (EIR).
 - Project Budget.
 - Execute MOU with Judicial Council of California and the Superior Court of California.
 - Payment of stipend (\$1 million) to design-build team (pending selection).
 - Renovation work as part of the Men's Central Jail Infirmery relocation and Central Arraignment Court Relocation.



IMMIGRATION

We are protecting the rights and advancing the well-being of County immigrant residents regardless of their immigration status.

After taking several significant actions to protect and advance the well-being of residents in the County of Los Angeles regardless of immigration status, the Board formally established Immigration as the sixth Board Priority on September 12, 2017. Beginning in 2016, the Board took the following actions:

- On December 6, 2016, created the Immigrant Protection and Advancement Taskforce (IPAA Taskforce), responsible for researching, developing, and recommending strategies to protect and address the needs of immigrant residents;
- On December 20, 2016, joined the City of Los Angeles and philanthropic organizations to establish the Los Angeles Justice Fund jointly providing \$10 million for legal representation to Los Angeles County residents currently at risk of removal and who cannot afford an attorney; and
- On January 10, 2017, established the Office of Immigrant Affairs (OIA) within the Department of Consumer and Business Affairs (DCBA), responsible for working with the entire County family to provide immigrant residents and their families with support services, consumer protection, outreach, and educational support.

The DCBA's OIA detailed narrative is contained in Attachment VI and a high-level summary is provided below.

By Bringing Together Public and Private Stakeholders – Immigration Protection and Advancement (IPAA) Taskforce

- As part of drafting a Countywide IPAA Report, the IPAA has interviewed nearly all County departments and more than 50 external stakeholders.
- An interim report, containing over three dozen recommendations, was submitted to the Board in April 2018. A final Strategy Report is scheduled to be submitted to the Board by July 30, 2018.

By Conducting Outreach and Education

- Participated in approximately ten outreach and education events per month reaching more than 5,000 immigrants and their families.
- Conducted live social media chats, viewed by nearly 3,500 people, about Deferred Action for Childhood Arrivals (DACA), Temporary Protected Status (TPS), and County services.

- Two recent events at California State University, Long Beach (CSULB) and Western University of Health Services reached more than 500 attendees each. The events provided information to participants about issues impacting immigrants and their families, as well as how the County assists them. The student attendees, the vast majority of whom were the first in their families to attend college, will become valuable “ambassadors” for their families and communities to learn about and gain access to County services and resources.
- Continued train-the-trainer efforts, conducting more than a dozen events for County and external partners throughout the reporting period.
 - Partnered with DHS to train medical personnel in County hospitals to enhance capacity to provide health care to immigrants in a culturally and linguistically competent manner.
 - Held a day-long training summit at MLK Outpatient Center involving approximately 500 doctors, nurses, and administrative personnel. The training enhanced their skills about “Just Culture,” the County Sensitive Spaces Policy, the County’s policy to provide health care services to all eligible residents, and the intersection of health care and immigrant needs.

By Investigating Immigration Fraud Complaints - Consumer Fraud Protection and Assistance

- Assisted DCBA Investigations and the California Attorney General’s Office with a major case involving more than 500 potential victims.
 - Initial complaints involved about a dozen victims reporting they were defrauded by a long-established immigration consultant service business.
 - Conducted six media interviews to expose the allegations resulting in DCBA receiving more than 200 calls from victims reporting their complaints against the business.
 - Coordinated two victim assistance workshops on June 2, 2018, where more than 200 victims and their families attended and received: appointments for free legal consultations with non-profit legal aid organizations; copies of their files recovered during the execution of search warrants; and information about wraparound County services and resources.

By Providing Legal Representation - Los Angeles Legal Justice Fund (LAJF)

- Continue to monitor the County MOU with the California Community Foundation (CCF), a third-party administrator that administers the Los Angeles Justice Fund (LAJF). The LAJF is an initiative to provide legal representation to County immigrant residents at risk of deportation from the country and who cannot afford an attorney. In November 2017, the CCF awarded 16 grants to legal services providers (LSPs) to provide free legal representation to eligible clients.
- Collaborating with partners, such as CCF, legal service agencies, and County departments on initiatives to ensure that LAJF initiative meets and exceeds goals:
 - Preparing to implement a 24/7 LAJF hotline for County immigrant residents to connect with LAJF grantees and other County services;
 - Preparing to launch an outreach and education campaign in a linguistically and culturally competent manner to affected immigrant communities to inform them of LAJF services; and
 - Standardizing LAJF service delivery (e.g., toolkits, best business practices, training) to achieve greater effectiveness and efficiency.

By Ensuring that Everyone is Counted in the U.S. Census – Census Community Canvassing Project / Local Update of Census Addresses (LUCA)

- The County's Census LUCA efforts will improve the Census Bureau's population count in the County, which determines the disbursement of federal funding and congressional representation for states. It is estimated that a more accurate Census count can bring the County up to \$6 billion in additional federal funding for critical services, such as education, health, transportation, and small business development.
- Worked with each County department on implementing the June 6, 2018, Board Motion proclaiming June 23, 2018, as Census LUCA Day in the County to promote employee participation in the LUCA canvassing effort, distribute relevant materials related to LUCA and the 2020 Census, and coordinate the canvassing activities on June 23, 2018.
 - LUCA is the only opportunity for local governments to identify, validate, and report hard-to-survey (HTS) residential units for inclusion in the Census Bureau Census Master Address File (MAF), an inventory of all known residences. Only residences in the MAF will receive Census notices.
 - Children, immigrants, minorities, and low-income people have been disproportionately undercounted in past Census as they are overrepresented in HTS units, such as converted garages, in-law apartments, and RVs.
- Worked with CEO to hire Community Connect Labs (CCL), a non-profit organization that facilitated a similar LUCA project in San Mateo County. The County will benefit from CCL's mobile canvassing technology and their expertise in working with Community Based Organizations (CBOs) to conduct LUCA canvassing.
- Worked with CCL, CEO, and non-profit organizations to recruit local CBOs to assist with LUCA canvassing.
 - Nearly two dozen CBOs have been recruited and trained to canvass about half of the 500 Census Block Groups (BGs).
- Worked with the CEO, Board offices, all County departments, and employee organizations to encourage participation of approximately 500 County people in the June 23, 2018, Census LUCA Day to canvass remaining BGs.



COUNTY OF LOS ANGELES OFFICE OF CHILD PROTECTION

KENNETH HAHN HALL OF ADMINISTRATION
500 WEST TEMPLE STREET, ROOM 383
LOS ANGELES, CALIFORNIA 90012
(213) 893-2010

MEMBERS OF THE BOARD

HILDA L. SOLIS
MARK RIDLEY-THOMAS
SHEILA KUEHL
JANICE HAHN
KATHRYN BARGER

JUDGE MICHAEL NASH (RET.)
EXECUTIVE DIRECTOR

April 30, 2018

To: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Judge Michael Nash (Ret.)
Executive Director

PROGRESS UPDATE ON THE WORK OF THE OFFICE OF CHILD PROTECTION

In the final report of the Los Angeles County Blue Ribbon Commission on Child Protection (BRCCP), *The Road to Safety for Our Children*, two key recommendations were to “establish an entity to oversee one unified child protection system,” and for it to create a strategic plan for the work it will focus on. On June 10, 2014, the Board adopted the recommendations contained within that BRCCP final report and took action to establish the Office of Child Protection (OCP) as a separate entity reporting directly to the Board and located within the Executive Office. In October 2016, the OCP submitted to the Board its Countywide Child Protection Strategic Plan, which categorizes the work across five goal areas: prevention, safety, permanency, well-being, and cross-cutting approaches. It has submitted quarterly updates on its progress since August 1, 2016; this is a report on its progress since the last update submitted on January 31, 2018.

GOAL 1: PREVENTION *Provide children and families with the upfront supports and services they need to prevent them from entering the child welfare system and/or limit their involvement with the system once they are known to it.*

Countywide Prevention Plan

- Implementing the OCP’s plan, *Paving the Road to Safety for Our Children: A Prevention Plan for Los Angeles County*. All workgroups aligned with the strategies for action have been formed and are tackling their specific charges: networking the networks and measuring prevention are being led by First 5 LA, expanding home visitation is being led by the Department of Public Health (DPH), expanding early care and education is being led by the Policy Roundtable for Child Care and Development, prevention and aftercare network capacity and implementing the Portrait of Los Angeles County report recommendations are being led by the OCP.

- ✧ Networking the Networks Working with First 5 LA, DPH, the Department of Mental Health (DMH), the Department of Children and Family Services (DCFS), Workforce Development, Aging and Community Services (WDACS), Prevention and Aftercare Networks (P&As), Children's Data Network, and the Policy Roundtable for Child Care and Development to identify strategies for enhancing connections and coordination across existing prevention networks
 - Disseminated a survey to known prevention networks, in both English and Spanish, that can be shared with others to learn more about both formally funded and informal networks, obtain data on factors that sustain them, and understand what barriers they face in connecting with other existing networks
 - Began cataloging the responses to develop a list of additional existing networks identified
- ✧ Prevention and Aftercare Network Capacity Working with the P&As to help reach families that could benefit from support as early as possible and to expand the capacity of families served
 - Hired a consultant who is working in close partnership with DCFS, DMH, and the P&As to develop individualized plans for capacity building, including addressing program service gaps, increasing family engagement, and maximizing revenue
- ✧ Home Visitation Working with DPH, the Center for Strategic Public-Private Partnerships (CSPPP), First 5 LA, DMH, DCFS, Public Library, Probation Department, Department of Health Services (DHS), Department of Public Social Services (DPSS), Children's Data Network, and the LA County Perinatal and Early Childhood Home Visitation Consortium on developing a plan for expanding home visitation services available to vulnerable families
 - DPH and First 5 LA are pilot-testing processes that expand the number of providers that can bill Targeted Case Management (TCM) for their home visitation services, increasing the amount of Federal funding that Los Angeles County leverages.
 - DMH and the LA County Perinatal and Early Childhood Home Visitation Consortium have begun training the entire Countywide home-visiting workforce on Mental Health First Aid, and are surveying them on additional perinatal mental health trainings that would be useful.
- ✧ Early Care and Education Working with the Policy Roundtable for Child Care and Development, First 5 LA, the Los Angeles Child Care Alliance, DCFS, DPH, the Commission for Children and Families, DMH, the Child Care Planning Committee, the Alliance for Children's Rights, the Advancement Project, the Southern California Association for the Education of Young Children, P&As, and others to create a roadmap for improving access to early care and education programs

- Identifying effective models in other jurisdictions that could be feasible in Los Angeles
- Researching options for conducting a Countywide comprehensive fiscal analysis of early care and education programs
- ✧ Measuring Prevention Working with First 5 LA, DMH, DCFS, Children's Data Network, Chief Executive Office (CEO), DPH, DHS, the Los Angeles County Office of Education (LACOE), and other data experts to develop a set of standardized measures of prevention to evaluate the effectiveness of prevention-plan implementation efforts
 - Planning a three-day workshop with County and external partners, to be led by Socrata, to develop a roadmap for performance management measures of prevention; the workshop is tentatively being scheduled for June or July 2018
- ✧ A Portrait of Los Angeles County Working with various entities including the CEO, the City of Los Angeles, First 5 LA, DPH, DCFS, WDACS, Public Library, the Department of Parks and Recreation, the Probation Department, DPSS, Los Angeles Housing Services Authority (LAHSA), Children's Data Network, LACOE, CSPPP, Policy Roundtable for Child Care and Development, Child Care Planning Committee, Healthy Design Workgroup Grants Committee, Equity Workgroup, Weingart Foundation, Southern California Grantmakers, and the Center for Financial Empowerment to monitor the overall well-being of communities and support efforts that implement the report's recommendations
 - Identifying existing initiatives that align with key recommendations and areas where gaps need to be addressed, so that strategies that improve well-being for Los Angeles County residents can be developed where needed
 - Presented the report findings and recommendations involving early care and education to the Los Angeles Unified School District (LAUSD) Board of Education as part of its planning session on expanding high-quality early childhood education programs; as a result of this and other presentations, the school board approved the opening of 16 new early learning centers throughout the district for this next school year
- ✧ Other Noteworthy Efforts
 - Home Visitation Pilot Project DPSS, SHIELDS for Families, First 5 LA, DPH, Children's Data Network, and CSPPP have partnered to develop a pilot project for connecting families to home visitation and other prevention services
 - This pilot was launched in DPSS' GAIN Region V office in South County in November 2017.
 - To date, 50 families have been enrolled in a home visitation program (the target set for this pilot), with an additional 35 families being connected to

various supports. The types of supports received by both sets of families include basic needs (e.g., food, diapers, household items), concrete needs (e.g., furniture, rental assistance, clothing), housing, and education/employment.

- The 50 families enrolled in home visitation additionally receive support for benefit services, family recreation/enrichment, health care, mental/behavioral health, and infant/child nutrition and feeding.
- The 35 families only connected to supports additionally receive support for utilities, legal services, and parent education.
- Parents participating in this pilot have expressed much appreciation to the linkages staff for the support they are able to receive.
- Substance Abuse Support Pilot Project DPH, DMH, and DCFS have partnered to outstation substance abuse counselors in each of the DCFS regional offices to provide on-site support and warm hand-off connections to substance abuse supports for those parents or youth who need them.
 - Substance abuse counselors were outstationed in 9 DCFS regional offices on April 30, 2018—Palmdale, Lancaster, Van Nuys, Glendora, Metro North, West Los Angeles, Vermont Corridor, Compton, and Wateridge.
 - The outstationed substance abuse counselors will be trained in trauma-informed care and receive an overview of mental illness and substance use disorders, including risk factors and warning signs of mental health problems, on May 8, 2018.
 - Efforts are underway to have 3 more counselors outstationed in May in the West San Fernando Valley, Pomona, and Covina Annex offices, and the pilot continues to identify space in the other regional offices so that counselors can be outstationed in them as quickly as possible.

GOAL 2: SAFETY *Minimize, if not eliminate, the risk that a child known to one or more entities in our system will be harmed.*

Risk Assessment and System Improvement Recommendation Implementation

- Partnering with DCFS to implement the recommendations outlined by the OCP in its report of May 2017
 - ✧ A plan for implementing these recommendations over the next three years was developed that includes:
 - Steps to rigorously study current DCFS assessment policy, practice, and methods for gathering and using assessment-related data

- Implementing changes to policy, continuous quality improvement activities, and training curriculum, as well as new practices for strengthening supervision
- Enhancing strategies for DCFS staff to connect families defined as being at-risk to community supports
- ✧ A Board letter to increase the amount of an existing contract DCFS has with the National Council on Crime & Delinquency (NCCD) to support these activities and the OCP recommendations is scheduled to go to the Board for approval on May 8, 2018.

DCFS Hotline Pilot

- Developed a draft pilot project with DCFS' Hotline and the P&As to serve families referred to the Hotline whose concerns do not warrant a DCFS investigation, but where an identified need exists that could be addressed through community-based prevention supports
 - ✧ Currently creating a checklist to identify families who would benefit most from this kind of referral; developing a new process flow for making these referrals to the P&As from the hotline; determining what data is needed for tracking pilot implementation; and reviewing the Structured Decision Making® (SDM) screening process used at the Hotline
 - ✧ The pilot is anticipated to begin on July 1, 2018.

Use of Public Health Nurses (PHNs) in Child Welfare

- Submitted a plan to your Board on December 8, 2017, that identified the best use of PHNs in child welfare moving forward and included an evaluation of the children's social worker/PHN joint-visit pilot conducted by the Children's Data Network
 - ✧ The PHNs working in child welfare were consolidated into DPH effective July 1, 2017.
 - ✧ The Child Welfare PHN (CWPHN) Steering Committee is continuing to meet to address issues resulting from the consolidation, including PHN workload, termination of the CSW-PHN joint visitation pilot, and the role of the PHNs out-stationed in the County's medical Hubs.
 - ✧ DPH and DCFS are drafting a plan to transition the joint-visit pilot PHNs into the CWPHN general program.
 - Additional training needs to support the PHNs have been identified.

Electronic Data-Sharing Efforts

- Working with DCFS, the Chief Information Office (CIO), County Counsel, and the California Department of Social Services (CDSS) on the production of an electronic portal that would facilitate the electronic sharing of information relevant to an investigation of child abuse or neglect across 7 county departments and DCFS, based upon an MOU that the OCP finalized with the participating departments, County Counsel, and the Chief Executive Office (CEO)
 - ✧ Phase I development of the system for law enforcement data, in partnership with the Sheriff's Department and the Information Systems Advisory Body (ISAB), has been completed.
 - ✧ Trainings for the first set of DCFS regional office emergency response workers are being scheduled for May and June, with an anticipated soft launch date of June 2018. Additional offices will be scheduled for training until the system is fully launched, which is anticipated by August 2018.
- Collaborating with the CEO, DCFS, Anthony & Jeanne Pritzker Family Foundation, Fullscreen Media, Think of Us, The Chronicle of Social Change, Binti, Sidebench, FosterMore/Children's Action Network, Raise A Child, Bixel Exchange, iFoster, the Alliance for Children's Rights, Teens Exploring Technology, First Place for Youth, ScaleLA, and others to hold a follow-up "Hack Foster Care LA+1" convening on May 24, 2018. This convening will be an opportunity to update participants on the progress made toward technology and legal solutions that were proposed at last year's original Hackathon. The OCP is leading the workshop "Working Through Legal Barriers, One Year Later."

GOAL 3: PERMANENCY *No child leaves the system without a permanent family or a responsible caring adult in his or her life.*

Increasing the Use of Relative Placements

- Continuing to monitor the progress of the upfront family-finding pilot project launched in the Santa Fe Springs and Glendora DCFS offices in November 2016 that prioritizes placing children coming into foster care with relatives (the pilot is still showing rates around 80% or higher for placing children with non-offending parents, relatives, and non-related extended family members)
 - ✧ Expansion of the pilot is underway with the Vermont Corridor and West L.A. DCFS regional offices, and initial data is promising.
 - ✧ Next steps include:
 - Identifying and increasing the engagement of non-placement relatives and non-related extended family members through Child and Family Teams (CFTs) and other means

- Tracking the engagement of relatives and non-related extended family members
- Ensuring that adequate resources are available to extend these front-end family-finding efforts to additional DCFS offices
- Working with DCFS to advocate for Resource Family Approval (RFA) reform and additional financial resources to further support relative placements

Permanency and Self-Sufficiency Planning for Transition-Age Youth (TAY)

- Continuing to participate in the TAY Self-Sufficiency Workgroup, led by the CEO, to help develop a multi-year countywide strategy to support the self-sufficiency goals of TAY foster youth at the earliest stages possible
 - ✧ A conceptual draft of this strategy has been developed.
- Finalizing a plan for increasing permanency for TAY before they age out of foster care
- CEO and OCP have held several focus groups with key constituents—including former foster youth, relative caregivers, advocates, DCFS children’s social workers, relative caregiver support staff, and others—to obtain input into both drafts and their recommendations.
- Additional input into recommendations for both drafts will be obtained at the Child Welfare System Improvement Plan (SIP) Conference scheduled for May 3, 2018.

Transitional Shelter Care (TSC) Pilot

- Continuing to convene bi-weekly meetings with stakeholders—including DCFS, Probation, the Juvenile Court, Children’s Law Center of California, Court-Appointed Special Advocates (CASA), the Violence Intervention Program (VIP), County Counsel, and others—to discuss the multidisciplinary teaming pilot led by DCFS’ Accelerated Placement Team to stabilize and find permanency for hard-to-place youth (i.e., overstays and chronic repeaters) at TSCs
 - ✧ Discusses individual cases with regional social workers and their engagement teams so partners can help identify solutions to issues being raised
 - ✧ Tested a pilot involving Engagement Placement Stabilization (EPS) meetings for youth who are overstaying, followed by a hearing in Dependency Court, as needed, where the Court reviews efforts to place these youth and encourages youth to work proactively with DCFS to assist in their placement efforts
 - EPS meetings are now occurring at David and Margaret and Hathaway-Sycamores.

- ✧ A meeting was held on February 1, 2018, to review the work of the TSC committee with DCFS Director Bobby Cagle and CDSS Deputy Director Greg Rose. The discussion included how best to institutionalize the work of the committee, the potential impacts of converting group homes to Short-Term Residential Therapeutic Programs (STRTPs), and the 72-hour TSC contract's expiration in 2019. Data presented at this meeting included:
 - A total of 40 hard-to-place youth have been in the EPS pilot since it began. As a result of the work of the engagement teams, 28 of the 32 who are still involved have moved into placements and are maintaining them.
 - Of the 8 youth who have graduated from the pilot, 7 are successfully maintaining stable placements with a family member, with a non-related extended family member, or in a lower level of care.
 - Case example: A.C. is a non-minor dependent who consistently exhibited extremely dysfunctional behavior and had been considered for conservatorship. Through the strong support she received from her team in this pilot, she has remained stable in her current placement for over 5 months, taken on a job at a day care center, and developed much greater self-esteem. She is receiving Regional Center assistance and is in the process of transitioning to a placement with in-home support staff where she will live with roommates. She has started becoming a very positive support and resource for other youth residing at the TSC, including her younger sister who is now there.

GOAL 4: WELL-BEING *Ensure that system-involved youth achieve the physical, emotional and social health needed to be successful.*

Education Coordinating Council (ECC) Efforts

- Continuing to partner with DCFS, Los Angeles County school districts, and LACOE to develop processes and policies for implementing the foster youth school-stability provisions included in the *Every Student Succeeds Act* (ESSA). The ECC, DCFS, LACOE, and LAUSD are implementing a transportation pilot to keep foster youth in their schools of origin. The pilot, which runs through June 30, 2018, is intended to be a “bridge solution” and learning opportunity as long-term transportation agreements between DCFS and the districts are drafted and finalized.
 - ✧ The ESSA Transportation Workgroup, which is convened by the ECC and LACOE and includes multiple public and private stakeholders, is in the final stages of drafting a sample transportation plan that will serve as a template for long-term interagency agreements between DCFS and the County's 80 school districts. The sample transportation plan and guidance document should be completed by May 2018.
 - ✧ The ECC secured an additional \$30,000 of philanthropic bridge funding for the ESSA Transportation pilot, bringing the total philanthropic funds raised to \$60,000. DCFS receives hundreds of notifications a week when youth are being

placed into foster care or are changing placements. DCFS has committed to hiring 8 more education consultants to handle this work over the long term, but they will not be in place until fall 2018. The philanthropic bridge funding provides the additional capacity needed to process these notifications and coordinate transportation until the education consultants are fully staffed. Two of these bridge-funded education consultants have already begun assisting DCFS with this work. Additional philanthropic funding for 3 more education consultants, as well as a consultant to outreach to other Los Angeles County school districts and help reach agreement on an ESSA Long-Term Plan, is currently being sought.

- ✧ Made progress toward greater access to accurate and consistent education data for foster youth
 - Facilitated the signing of an MOU between LACOE and DCFS for accessing and sharing data in LACOE's electronic education data system, the Education Passport System (EPS); this agreement creates a single point for school districts and other users to access and share education data on foster youth
 - Worked with the Juvenile Court and LACOE on solidifying an agreement to provide judicial officers with electronic access to EPS. The partners are now working on leveraging the Court's case management software portal in this effort, identifying the information in EPS that would be most useful to judicial officers, and developing an MOU to formalize the collaboration and data-sharing efforts.
- Helped to develop a trauma-informed arts education pilot for middle and high schools with high numbers of foster and probation youth; this pilot is based on a successful model currently existing within probation halls and camps that was created by the Arts for Incarcerated Youth Network (AIYN), the Los Angeles County Arts Commission, and the Probation Department.
 - ✧ Worked with DMH, the Arts Commission, and AIYN on developing this pilot to embed trauma-informed care within arts education and to develop local art-focused networks of mental health clinicians, artists, teachers, and other stakeholders within the schools and their surrounding communities
 - ✧ The pilot will start in 3 to 5 schools and expand throughout the County within the next few years. It will complement other County efforts to increase trauma-informed arts education, such as DMH's Technology Enhanced Arts Learning (TEAL), which provides socio-emotional learning modules for students in kindergarten through the sixth grade.
 - ✧ The pilot is scheduled to begin in fall 2018.

County Medical Hubs

- Partnering with DCFS, the Health Agency, DHS, DMH, and DPH to determine gaps and help improve access to timely health and dental exams for DCFS-supervised youth
 - ✧ Convened a series of meetings of the Los Angeles County Implementation Council—which includes department heads and representatives from DCFS, the Health Agency, DHS, DPH, DMH, and stakeholders—to review Board priorities around the Medical Hubs, including ensuring that DCFS-supervised youth receive comprehensive health assessments and referrals for appropriate follow-up care within 30 days of entering the foster care system, as well as strengthening and expanding the Medical Hubs across the County. In response to this review, the OCP is:
 - Conducting an analysis of 3 months of Hub referral and service data to determine whether departments are in compliance with providing foster youth with an initial medical exam (IME) or forensic exam within specified policy timelines, along with other important metrics, to determine service and policy gaps. This data will be shared with Health Agency leadership at its next meeting, as well as DCFS leadership, for review and to determine how to increase capacity and support for delivering the Hubs' core services in a timely manner.
 - Partnering with DCFS to survey caregivers of DCFS-involved youth on access, service, and communication issues related to the Medical Hubs
 - Advocating for the inclusion of a Fetal Alcohol Spectrum Disorder (FASD) screening in the IME for all newly detained children
 - ✧ Convened a meeting with DCFS, DHS, DPH, and the University of California, Los Angeles to identify gaps, learn about existing resources, and determine next steps to improve access, service integration, and education around oral health care for foster youth. OCP and its department partners will be working to move these efforts forward over the next several months

Mental Health Assessment Coordination

- Partnering with DMH, DCFS, and advocates on the coordination and delivery of front-end mental health screenings and assessments for DCFS-involved youth to streamline the overall process for children and families
 - ✧ Convened several meetings with departments and stakeholders to map out mental health processes and identify potential duplication and opportunities to streamline assessments across DCFS and DMH
 - ✧ Participating in department and stakeholder Continuum of Care Reform (CCR) workgroups to facilitate discussions around how CCR implementation will affect

the front-end mental health assessment process, and how mental health assessments are utilized in placement decisions and case planning

- ✧ Facilitating a workgroup with DCFS, DMH, and advocates to process-map current mental health assessments and timelines, discuss how new CCR requirements such as the Level of Care (LOC) tool and Child Adolescent Needs and Strengths (CANS) assessment will be incorporated, and streamline the front-end assessment process as necessary

Addressing Psychotropic Medication Use in Child Welfare

- Worked with the Juvenile Court, DMH, DCFS, Probation, and multiple stakeholders to revise and develop new protocols that went into effect in April 2017 for approving and monitoring the use of psychotropic medication for youth in out-of-home care; these protocols support revised Judicial Council forms that include more comprehensive information about youths' histories, behavior, and alternative treatments and/or other services received
 - ✧ Continuing to meet monthly with stakeholders to oversee the implementation of the revised psychotropic medication protocols
 - ✧ Conducting random reviews of files for dependent or delinquent children/youth taking psychotropic medications to evaluate the effectiveness of the newly revised approval and monitoring processes
 - ✧ Working with stakeholders to determine how best to prepare TAY to make medical decisions for themselves once they reach the age of majority. The workgroup has developed a multi-agency proposal for ensuring that these youth are properly and consistently prepared to make these decisions. Key elements of this proposal include:
 - Implementing the DCFS Health and Medication Guide, which delineates milestones to be achieved in engaging youth
 - Implementing the Children's Law Center of California's "Recommendations to Promote Medical Decision Making Readiness"
 - Distributing to youth a brochure created by the Administration on Children, Youth and Families' Children's Bureau entitled, *Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care*
 - Developing trainings for youth in foster care on psychotropic medications
 - Using a worksheet to include information in court reports on the engagement of youth in discussions about psychotropic medications
 - Assigning specially designated public health nurses whom TAY can consult about psychotropic medications and their health

- ✧ Recent data reported on psychotropic-medication use by foster youth in Los Angeles County from the University of California, Berkeley's California Child Welfare Indicators Project found that:
 - Between October 1, 2016, and September 30, 2017, the percentage of foster youth in Los Angeles County who were taking psychotropic medication was 10.8% (2,913 youth), compared to 12.0% (3,262 youth) from one year earlier (October 2015 through September 2016).
 - Between October 1, 2016, and September 30, 2017, the percentage of foster youth in Los Angeles County who were taking antipsychotic medication was 3.1% (842 youth), compared to 3.6% (986 youth) from one year earlier (October 2015 through September 2016).

GOAL 5: CROSS-CUTTING STRATEGIES *Rethink structures, programs, and processes, on an ongoing basis, that impact multiple entities, to take advantage of new thinking and learning that meaningfully improves our child protection system.*

Dual-Status Youth Motion

- On March 20, 2018, the Board directed the OCP, in collaboration with multiple county stakeholders and others, to report back on a countywide plan for dual-status youth.
- Meetings with DCFS Director Cagle and Juvenile Court Presiding Judge Levanas have begun to discuss the history of this work and efforts moving forward; a meeting with Chief Probation Officer McDonald is scheduled for next week.
- Data has been requested from DCFS and Probation on the numbers of crossover and dual-status youth from 2016 to the present.
- Workgroup meetings to address the Board's directive with all relevant stakeholders are being planned to start in May or early June.
- Presenting at a convening in Washington, D.C., on the crossover and dual-status work that has previously occurred in Los Angeles and on the efforts that will be developing as a result of this Board motion; this convening, being held on April 30, 2018, is entitled, "Developing a Trauma-Informed Roadmap to Prevent Juvenile Justice Involvement of Child Welfare Youth: A Moral and Fiscal Imperative," and is sponsored by The Children's Partnership and the Robert F. Kennedy Children's Action Corps

Partnership Conference

- Initiated discussions with the Juvenile Court and California State University, Los Angeles (CSULA), to reinstate the longtime County Partnership Conference at CSULA. This conference, which first occurred in 1995, annually brought together

about 1,000 child welfare and juvenile justice stakeholders to participate in workshops and hear keynote speakers on relevant subject-matter topics.

- ✧ The conference is scheduled for June 7, 2018, at CSULA; over 30 informative workshops and two plenary sessions will be held, including a plenary session with DCFS Director Bobby Cagle and Chief Probation Officer Terri McDonald.
- ✧ Worked with CSPPP to raise over \$20,000 from the philanthropic community to help fund the conference.

Additional OCP Activities

- Served as the judicial subcommittee co-chair for the Foster Youth Bill of Rights and Services Committee work, led by the County's Commission for Children and Families, that was submitted to the Board on March 20, 2018
- Worked with staff from the County's Auditor-Controller's Office on proposed legislation, Assembly Bill 3005, to amend Welfare and Institutions Code section 827 to grant County Auditor-Controller investigators access to juvenile court records when relevant to investigations of waste, fraud, or abuse
- Hosted Greg Rose, Deputy Director, California Department of Social Services, for a day-long briefing on the OCP's activities and learning session for the TSC work on February 1, 2018
- Presented on the OCP's prevention plan to Administration on Children, Youth and Families' Acting Commissioner Jerry Milner and Children's Bureau Special Assistant David Kelly at a meeting hosted by DCFS on February 2, 2018
- Recorded a TED talk on kincare at the National Center for State Courts in Williamsburg, Virginia, on February 28, 2018
- Testified in a legislative hearing in Sacramento on kincare and Los Angeles' upfront family finding project and its relation to RFA on March 13, 2018
- Presented on the OCP's prevention plan and its alignment with the work of First 5 LA to its Board on March 8, 2018
- Panelist at the Empowerment Congress' Café on Child Welfare on March 14, 2018, that was sponsored by Supervisor Ridley-Thomas
- Presented at the Child Welfare Collaborative Funders meeting on the OCP's prevention plan on March 19, 2018
- Co-hosted with Dr. Astrid Heger at VIP a dinner for several key stakeholders on the future of the County's Medical Hubs

- Presented to the Commission for Children and Families on the OCP's prevention plan, its efforts to strengthen permanency, and its proposal to prepare transitioning TAY who are taking psychotropic medications on April 16, 2018
- Presented at the Education Coordinating Council on the OCP's prevention plan and efforts in early care and education on April 25, 2018

In summary, the OCP is working hard to accomplish its goals, as are the relevant County departments and a host of key community partners. We look forward to reporting further progress in our next quarterly update. The Center for Strategic Public-Private Partnerships will submit a separate update to the Board in May 2018.

If you have any questions or need additional information, please contact me at (213) 893-1152 or via email at mnash@ocp.lacounty.gov, or your staff may contact Carrie Miller at (213) 893-0862 or via email at cmiller@ocp.lacounty.gov.

MN:CDM:eih

c: Chief Executive Office
Executive Office, Board of Supervisors
Alternate Public Defender
Child Support Services
Chief Information Office
Children and Family Services
County Counsel
District Attorney
Fire
Health Services
Mental Health
Parks and Recreation
Probation
Public Defender
Public Health
Public Library
Public Social Services
Sheriff
Workforce Development, Aging and Community Services



May 8, 2018

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Fred Leaf 
Interim Health Agency Director

SUBJECT: **HEALTH AGENCY UPDATE (ITEM #S-1, AGENDA OF AUGUST 11, 2015)**

On August 11, 2015, the Board approved the establishment of the Los Angeles (LA) County Health Agency (Health Agency) to integrate services and activities related to the eight strategic areas across the Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH). The Board established a quarterly item on the Board Agenda to report on progress made by the Health Agency. The main report focuses on the following areas: (a) progress made in achieving Health Agency goals and outcomes; (b) notable changes in funding streams, sources, and uses of funds by the programs; and (c) stakeholder engagement process.

GOALS AND OUTCOME MEASURES

Attachment I contains the list of approved metrics for all eight Health Agency Strategic Priorities. This report will focus primarily on updates and metrics for the following five strategic priorities: *Housing and Supportive Services for Homeless Consumers, Overcrowding of the Psychiatric Emergency Departments, Cultural Competency and Linguistic Access, Chronic Disease and Injury Prevention and Vulnerable Children and Transition Age Youth*. Below are brief updates on these five priorities:

Housing and Supportive Services for Homeless Consumers

Housing for Health (HFH) has an established track record of bringing together housing and service options to serve many very sick and chronically homeless individuals across LA County. Initially, the focus of HFH was to house homeless individuals boarding in hospitals. Since that time, HFH has expanded to provide housing for individuals beyond

Fred Leaf
Interim Director, Health Agency

Christina R. Ghaly, M.D.
Acting Director, Department of Health Services

Jonathan E. Sherin, M.D, Ph.D.
Director, Department of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director, Department of Public Health

313 N. Figueroa Street, Suite 531
Los Angeles, CA 90012

Tel: (213) 288-8174
Fax: (213) 481-0503

"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."



hospitals, including persons from the mental health and criminal justice systems through partnerships with DMH, DPH and Probation. To expand on this partnership and further consolidate and streamline processes for a similar and overlapping clientele, the Health Agency is taking the following steps:

- Staff from the three departments will be co-located to create a single Referral, Assessment and Placement unit within HFH, which will allow for clients seeking housing and related support services to be referred to a single team, based on service needs, rather than on the referring department or program.
- A single referral form has been created that is available electronically and all potential referral partners will be trained to use.
- Housing services, including any housing considered interim housing, permanent supportive housing and Board and Care facilities, will be pooled among the three departments.
- DHS, DMH and DPH will work together to plan and create additional placement options to ensure clients placed in these new settings can benefit from all services that the Health Agency Department can provide.
- A single contracting vehicle will be created, jointly by the departments, for all housing and homelessness related services so vendors/partners can interact with a single point of contact.
- The Departments continue to work together to advocate for both legislative and funding needs, at the local, State and federal levels, to ensure a single voice in advocating on behalf of this shared client population.

Housing for Health Achievements

Over 4,500 clients have attained housing since HFH began in November 2012. From July through December 2017, Countywide Benefits Entitlement Services Teams (CBEST) assisted 4,261 disabled individuals with applications for Supplemental Security Income (SSI) and Veterans Disability Benefits. From July through December 2017, HFH added 130 recuperative care beds and 209 stabilization beds. HFH now has a total of over 1,200 beds for interim housing. From July through December 2017, the Street-Based Engagement program implemented 20 new multidisciplinary teams throughout LA County. Over 4,000 homeless individuals were engaged and provided with assistance by these teams. Approximately 650 were enrolled into an interim housing slot and approximately 600 were assigned to a permanent housing slot.

Overcrowding of the Psychiatric Emergency Services (PES)

The DMH-DHS workgroup continues to focus on various initiatives to improve processes in PES. These include increasing the usage of private inpatient beds to supplement County beds. In addition, psychiatric Urgent Care Center (UCC) capacity is being expanded along with first responders' use of UCCs rather than PES. DMH is contracting with Exodus Recovery, Inc. to implement a UCC on the Harbor-UCLA Medical Center campus, scheduled to open in May or June 2018. In addition, DMH is contracting with

Star View Behavioral Health, Inc. (Star View) to implement UCCs in Long Beach, projected to open in July 2018 and San Gabriel Valley, projected to open in October 2018. The Board has approved additional funding for further expansion of up to five UCCs and will be deployed expeditiously.

The Health Agency has made progress toward the three outcome measures set as indicators for decompression of the DHS-operated PES. Specifically:

- There was a 4.7% reduction in the number of days that the PES was above capacity (2017 vs. 2016), an important reflection on overall volumes and lengths of stay in the PES.
- The ratio of psychiatric urgent care visits to PES visits increased by 6%, compared to the prior year.

Culturally Competent and Linguistic Access

A new collaborative effort, named the “Institute for Cultural and Linguistic Inclusion and Responsiveness” (ICLIR), was established to implement the Cultural and Linguistic Competency initiative under the Health Agency’s Center for Health Equity. This collaboration, led by DMH, will focus on improving cultural and linguistic access to address gaps in service delivery and meet the needs of the communities served by the Health Agency. Attachment II displays the structure of the ICLIR, which will focus on:

1. Infrastructure centered on cultural and linguistic competency responsiveness to:
 - Identify and respond to cultural and linguistic service delivery gaps within the Health Agency.
 - Establish appropriate goals in accordance with the Departments’ respective cultural and linguistic competency reporting requirements and ICLIR’s mission statement.
 - Assess the functionality of cultural competence-related policies and procedures for ICLIR.
2. Training and staff development activities to provide DHS, DMH and DPH staff with additional skill sets that enhance cross-cultural awareness, sensitivity and humility and decrease implicit bias.
3. Communication and stakeholder involvement mechanisms designed to:
 - Build effective processes for the transmission of information related to cultural competency and linguistic appropriateness within Departments and across the Health Agency.
 - Gather and respond to feedback received from stakeholders including consumers, family members, peers, advocates, *Promotores de Salud* and staff.
4. Resources for cultural competency, health equity and disparities, which is designed to create a virtual repository for useful literature and toolkits pertinent to cultural

competence, health equity and health disparities to inform service planning, delivery and evaluation.

Below are additional examples of Health Agency collaborations related to cultural and linguistic competency.

Public Health Week 2018

The three Health Agency Departments, in collaboration with Esperanza Community Housing and *Visión y Compromiso*, hosted an event in celebration of Public Health Week on April 4, 2018. The event was titled “Power from Within: *Promotores*, Community Health Workers and Culturally-Centered Care.” Over 70 leaders and senior managers, *Promotores* and Community Health Workers from Agency Departments and community organizations were in attendance. The bilingual program featured remarks from Supervisor Solis, a panel elevating the voices of *Promotores* and Community Health Workers and table discussions that identified strategies for improving cultural competence Countywide.

The table conversations focused on the following topics:

- What does it mean to work in a culturally competent and centered way?
- What barriers to service access or quality have your community members identified as related to cultural and linguistic competency?
- How can we address those barriers?
- What can the Health Agency do to support and elevate the work of *Promotores* and Community Health Workers?
- What are some new/unexplored ways that *Promotores* and Community Health Workers can support the efforts of County Departments?

The feedback gathered from the table discussions will be included in a report and will be utilized by the Departments to advance the work of *Promotores* and Community Health Workers.

Center for Health Equity Ad Campaign

Collaborative efforts among the Departments led to the release of an ad campaign to announce the Health Agency’s Center for Health Equity website during Public Health Week. The collaborative ad campaign is comprised of billboards and digital ads placed in heavy traffic areas such as schools, churches, malls and transportation outlets – airports (Los Angeles International, Long Beach and Burbank), busses, metro rails, transit shelters, benches and poster boards.

The goal of the ad campaign is to inform Los Angeles residents about the Center for Health Equity, its mission statement, guiding principles and five strategic initiatives. Additionally, the website features the reports from the listening sessions held in each of the Supervisorial Districts, data on equity issues in LA County and opportunities for

involvement. The website will continue to evolve. As a starting point, the ads were created in English only to reflect the current language capacity on the website. Future plans for the website include additional language accessibility.

Chronic Disease and Injury Prevention

Addressing chronic disease and injury prevention requires coordinated efforts across multiple sectors to impact individuals, families and their communities. Health Agency efforts in this area focus on tobacco control and prevention, specifically smoking cessation and on trauma and violence prevention.

Smoking Cessation

A top priority of the Health Agency is the reduction in tobacco smoking rates among LA County residents. According to the 2016 California Health Interview Survey, the percent of adults who smoke cigarettes is approximately 12%. Although this represents a decrease of 1.5% from 2012, a breakdown by race/ethnicity showed that among African Americans in the County, the smoking prevalence had increased from 15% to 22% during the same timeframe: 2012-2016.

The Chronic Disease and Injury Prevention (CDIP) Workgroup intends to reduce the overall smoking prevalence in the population to 10% or less by 2020, with a focus on addressing the disparities seen among the subgroups. To achieve this, the CDIP Workgroup oversees efforts to expand access to smoking cessation screening and intervention services across Health Agency directly-operated clinics. This work complements the ongoing policy efforts of the Tobacco Control and Prevention Program under Propositions 99 and 56. One of the primary goals of the cessation project is to standardize the way in which screenings and intervention services are delivered to patients in clinics. This opportunity to systematically adopt the "Ask, Advise, and Refer" protocol and to provide cessation counseling and intervention is unprecedented for the County and has the potential to achieve substantial impact, especially given the diversity and reach of the Health Agency's clinics. These clinics include the 14 Public Health Centers, 25 DHS directly-operated clinics and nearly 40 DMH program sites in LA County.

During the past year, cessation service targets for 2018 were set for the Health Agency Departments. DHS has a target of more than 90% of empaneled patients receiving smoking cessation counseling, while DMH is targeting a 20% increase in the number of patients receiving this service, aiming to bring its total from 36% to 42%. For reference, from January-December 2017, 105,522 DHS patients and 11,687 DMH clients received smoking cessation counseling. As ORCHID becomes more fully integrated within the clinic workflow, Public Health plans to offer cessation intervention services in the future. The CDIP Workgroup will assist the Public Health Centers with advancing this process in the upcoming year.

Obesity Prevention

Another priority of the Health Agency is the prevention of obesity, which is a risk factor for such chronic health conditions as diabetes, high blood pressure, heart disease, and stroke. In 2016, more than a quarter (~30%) of adults in LA County were obese, representing a 4.4% increase from 2012. A significant increase from 12% to 20% has also been observed for children; for teens the rate decreased from 17% to 13%.

To combat this public health epidemic, the CDIP Workgroup has helped promote and scale both population - and clinic-based strategies. These include nutrition education (e.g. the California Department of Public Health *Champions for Change* initiative), lifestyle change programs (e.g. programs to address prediabetes), promotion of healthy nutrition standards, physical activity promotion such as working to offer physical activity programming at parks and Body Mass Index (BMI) screening and follow-up in the clinical setting. The latter effort is being scaled across the Health Agency's three departments. During 2017 for example, DHS and DMH conducted BMI screenings and follow-up visits to 109,401 patients and 47,395 visits, respectively.

Trauma and Violence Prevention

The CDIP Workgroup continues to support trauma and violence prevention activities across the Health Agency, focusing on the Trauma Prevention Initiative (TPI) and the Parks After Dark (PAD) program. These are community-level, place-based strategies that can help address community trauma and violence. An important goal of these efforts is to reduce the number of violence-related trauma center Emergency Department (ED) visits and hospitalizations among residents of communities where interventions are taking place. The initial efforts of TPI are focused in underserved areas of South Los Angeles with high crime rates and high ED visits due to assault. In 2016, there were over 5,000 violence-related ED visits to the County's trauma centers, with 686 of them occurring in South LA. The data for 2017 is forthcoming.

This past year, TPI initiated the expansion of hospital-based violence intervention (HBVI) services in the South Los Angeles region's main trauma center, St. Francis Medical Center. HBVI is an intervention designed to reduce community violence and decrease repeat visits to trauma centers for violence-related injuries. The overall objective of the program is to provide an intervention for victims of violence at a critical point – when they present with assault-related injuries. Using trained case managers, HBVI links victims in the trauma center to pertinent social and community resources, based on individualized assessments. These case managers provide the victims with intense oversight and assistance in the trauma center and in the critical months following the victim's release, providing access to resources such as mental health services, tattoo removal, General Education Development (GED) programs, employment services, court advocacy, substance use disorder assistance and housing. Preliminary counts suggest that approximately 150 client engagements took place in the first six months of this project.

Building upon the highly successful Westmont West Athens Unity Summit at the Los Angeles Southwest College on March 4, 2017, DPH and its Health Agency partners are utilizing a similar approach to initiate community engagement efforts in Willowbrook, one of the four high-needs communities where TPI violence prevention efforts are focused. Through a complementary training and technical assistance effort, TPI is also providing free workshops and customized, one-on-one technical assistance to community organizations interested in building capacity to do violence prevention work. Eighty-four individuals attended the workshops, representing 60 community-based organizations from the four TPI communities: Florence-Firestone, Willowbrook, West Athens/Westmont, and East Compton.

In addition to TPI efforts, the Health Agency also supports PAD. PAD is a community violence prevention strategy that works to increase social cohesion and offer residents a place during the summer to interact with DPH, DHS, DMH, the Sheriff's Department and other agencies that provide services or resources. In 2017, PAD was offered at 23 parks. For 2018, expansion to 10 additional parks is being considered, as well as offering parks programming on a more year-round basis. Prior evaluation has shown that PAD is popular and effective in achieving its goals. The program has evolved into a critical County prevention and intervention strategy that utilizes cross-sector collaborations to achieve broad health, equity and social outcomes for community members of all ages. A 2017 program evaluation conducted by the University of California, Los Angeles (UCLA) showed that PAD achieved high participation rates and increased access to quality services and programming. The program had more than 196,000 visits with high satisfaction rates. Over 94% of attendees indicated they would participate in PAD again. PAD promoted increased social cohesion and community well-being, with 95% of participants indicating PAD improved relationships with neighbors and 97% indicating PAD improved quality time with family. PAD also resulted in cost savings for the County with over \$6 million in estimated chronic disease and criminal justice costs avoided.

Vulnerable Children and Transition Age Youth

Since the last update in August of 2017, DHS, DMH and DPH have worked with the Department of Children and Family Services (DCFS) and the Office of Child Protection (OCP) to better serve the County's vulnerable children and transition age youth with timely access to physical and mental health services.

The Health Agency, DHS, DMH, and DPH, in partnership with OCP and DCFS, meet regularly to monitor and determine gaps in services and help improve access to timely health and dental exams for DCFS-supervised youth. This collaboration's (The LA County Implementation Council) primary focus is to enhance access and depth of services for children under the supervision of DCFS and to work towards the goal that every DCFS supervised child and/or youth receives a comprehensive health and mental health assessment within 30 days of entering the foster care system (or 10 days for

children aged 0-3), as well as strengthening and expanding the Medical Hubs across the County. In response to this review, OCP is conducting an analysis of three months of Hub referral and service data to assess the rate at which the Health Agency is providing foster youth with an Initial Medical Exam (IME) or forensic exam within specified policy timelines, along with other important metrics such as timely access for Commercially Sexually Exploited Children (CSEC), as detailed below. We are grateful to County Counsel for their work in facilitating data sharing protocols needed to support the required analyses. This initial report on timely access, as well as creation of regular data reports documenting compliance with timely access standards will be critical in guiding ongoing efforts to enhance access to Hub-related services and will help to focus conversations between the Health Agency, OCP and DCFS regarding the scope of services provided within the Medical Hubs. We anticipate that this initial data will be available to share at the time of the next Health Agency quarterly report.

Beyond data sharing, OCP also partnered with DCFS to survey caregivers of DCFS-involved youth on access, service, and communication issues related to the Medical Hubs. In partnership with DHS, OCP advocated for the inclusion of a Fetal Alcohol Spectrum Disorder (FASD) screening in the IME for all newly detained children. In addition, OCP convened and facilitated a meeting with DCFS, DHS, DPH and UCLA to identify gaps, learn about existing resources and determine next steps to improve access, service integration, and education around oral healthcare for foster youth. OCP and its department partners will be working to move this work forward over the next several months.

OCP also collaborated with DMH, DCFS and advocates on the coordination and delivery of front-end mental health screenings and assessments for DCFS-involved youth, to streamline the overall process for children and families. The County Departments and other stakeholders were convened to map out mental health processes and identify potential duplication and opportunities to streamline assessments across DCFS and DMH. Moreover, OCP is participating in stakeholder Continuum of Care Reform (CCR) workgroups to facilitate discussions around how CCR implementation will impact the front-end mental health assessment process, how mental health assessments are utilized in placement decisions and case planning, and determining next steps to collaborate with Departments to streamline the assessment process in advance of CCR requirements such as the Child Adolescent Needs and Strengths (CANS) assessment.

Finally, OCP partnered with DCFS and DPH on the consolidation of the DCFS Public Health Nurses (PHNs) into DPH – effective July 1, 2017. The final report on the consolidation efforts and the best uses of PHN in child welfare was submitted to the Board on December 8, 2017. This report included an evaluation document completed by the Children's Data Network on the Children's Social Worker-PHN Joint Visitation Pilot. Also, the Child Welfare Public Health Nurse (CW-PHN) steering committee has begun meeting to address consolidation issues, which include issues around workload,

termination of the Children's Social Worker Public Health Nurse (CSW-PHN) Joint Visitation pilot and duties of the Hub PHN.

DMH continues to move forward with plans to expand services at the four Medical Hub sites that currently have co-located DMH staff (Martin Luther King, Jr. Outpatient Center, Harbor-UCLA Medical Center, Olive View-UCLA Medical Center, and High Desert Regional Health Center). Plans to expand services include:

- The addition of DMH staff to identify, screen and link children who are in the investigative phase with DCFS and are at risk of entering the Child Welfare system; and
- The addition of two new Medical Hubs in the two supervisorial districts that currently do not have any will ensure that DCFS-involved children and families will be screened for mental health concerns.

DMH is also partnering with UCLA to train mental health providers on the Families Overcoming Under Stress (FOCUS) treatment model that addresses trauma and resiliency. The FOCUS-trained mental health providers will be providing a new and innovative approach to mental health services for families. This short-term treatment model will focus on building the family's problem-solving skills and empowering them to cope with stressors. DMH plans to train over 15 mental health providers who are new to the FOCUS treatment model.

DHS' facility-based Hub medical leadership and administrators meet regularly to ensure uniformity of clinical protocols and procedures; a formal expected practice regarding initial medical exams is in process. DHS, DMH and DPH Hub leadership also convene regularly to ensure collaborative planning and joint quality improvement efforts.

Commercially Sexually Exploited Children

DHS is working diligently with probation, DCFS and law enforcement to enhance medical services for CSEC youth and to ensure these youths receive timely medical exams and services to assist in improving the health and safety of this vulnerable population. According to the First Responder Protocol log, between August 1, 2017 and March 31, 2018, 36 CSEC petitions were filed. Of the 34 applicable cases, 16 (47%) of these youths received a DCFS referral for an IME at the Medical Hubs. Seven (44%) of these referred youths received an IME within 14 days. For the nine DCFS-referred youths that did not receive the IME within 14 days, two did not get a specific CSEC referral from DCFS, eliminating the automatic High Priority flag in the Hub database system (EmHub). There were also two youths that went Absent Without Official Leave (AWOL), two caregivers that refused or cancelled the appointment, one referral returned to DCFS, one cancelled by DCFS and one youth who had an IME within the last month.

During the second half of last year, the Medical Hubs created a new appointment type for CSEC – the CSEC Medical Clearance Exam, which is offered to any CSEC youth within 72 hours of rescue. This appointment provides the time sensitive components of a

comprehensive CSEC Exam, such as sexually transmitted infections and HIV/pregnancy prophylaxis. Since many of these youths either AWOL or do not come back to the Hub for their IME, this was a valuable option for DCFS and law enforcement to ensure that the youths receive time sensitive services right away, without having to wait 14 days for the IME. For the 18 CSEC youths that did not receive a DCFS referral to the Medical Hubs, 10 of these youth were still brought to the Hub for a CSEC Medical Clearance within 72 hours, bringing the total number of these 34 CSEC youth to receive the new CSEC Medical Clearance at the Hub within 72 hours to 47%. The new CSEC Medical Clearance is available to all CSEC youth rescued by law enforcement or DCFS in LA County and brought to the Hub to request this exam.

Consolidation of the DCFS Public Health Nurse program under DPH

The DCFS PHN program was consolidated under DPH on July 3, 2017. The Child Welfare PHN program combines the DCFS PHN program, serving children and youth in their parents' home, with the Health Care Program for Children in Foster Care (HPCFC) serving children and youth in foster care. Key policies and procedures have been updated to reflect the transition of staff transferring from DCFS to receive DPH required training. The CW-PHN Steering Committee was established including representatives from OCP, DCFS and DPH and meets regularly to continue collaboration on services provided to child welfare-involved children and youth.

Public Health Nurses now have an expanded role to monitor psychotropic medication used by system involved children

PHNs participate in the monthly Psychotropic Medication Workgroup and are revising policies and procedures to ensure timely completion of follow-up and assessment of the reactions and effects of psychotropic medications prescribed to system-involved children and youths.

Other Departmental Updates

The Department of Public Health Is Now On ORCHID

DPH Health Centers officially joined the ranks of ORCHID Electronic Health Record (EHR) users on February 12, 2018. DPH transitioned from Extended Go-Live Support to normal ongoing support on Friday, February 24, 2018. This is a momentous time for the Health Agency. Extension of the EHR to DPH helps us realize the Health Agency's promise that being "together," we can work together to streamline access and enhance the customer service experience for those who need services from more than one department.

For the first time in history, 14 DPH Health Centers and over 600 DPH staff will be documenting patient care in an electronic health record. Now providers can see the records of all patients as they move through DHS and DPH. Most importantly, our patients are the biggest winners. They are benefiting from the significantly increased

efficiency and greater access to their medical information that is provided by the ORCHID EHR. This all adds up to a much better experience for both patients and staff throughout DHS and DPH.

Labor Management Transformation Council Mission and Purpose in the Health Agency

The Labor Management Transformation Council (LMTC) is a collaborative approach to improve the quality of health services in the County through a labor-management partnership between the Health Agency, DMH, DHS, DPH and AFSCME Local 2712, AFSCME Local 3511, SEIU Committee of Interns and Residents, SEIU Local 721, UAPD and Teamsters Local 911.

The shared mission of the LMTC is to transform our communities to ensure optimal health and well-being for all residents in the County, by promoting prevention and aligning the healthcare delivery system to become a provider and an employer of choice. The LMTC has prioritized projects and activities that are patient and client centered, lead to staff empowerment and system outcomes.

To that end, the LMTC activities have focused on:

- a. Delivering accessible and affordable high-quality integrated care, services and programs to the residents of the County.
- b. Fostering labor relations and collaboration throughout the Health Agency that:
 - strengthen the involvement of unionized front-line staff in system transformation;
 - create an organizational culture based on continuous learning, mutual interests, respect, trust and effective communication; and
 - acknowledge and honor the Memoranda of Understanding between the unions and the County.
- c. Attracting, developing and retaining employees who:
 - aspire to deliver the best customer experience possible;
 - believe in and positively contribute to the Health Agency's mission;
 - help to shape a culturally-competent workforce; and
 - support the mission of healthy people living in healthy communities.
- d. Jointly advocating for public policy issues that affect the Health Agency, the communities it serves and its employees wherever appropriate.

December 12, 2017 Board Meeting Follow-Up

Patient Outcome Data Related to Drug Medi-Cal Organized Delivery and System

(information pertaining to patients that are receiving treatment and stop attending appointments, including the outreach efforts to serve this population).

To encourage Medi-Cal and My Health LA eligible/enrolled beneficiaries with Substance Use Disorder (SUD) treatment needs to connect with an appropriate provider, DPH Substance Abuse Prevention and Control (SAPC) has developed a *Marketing and Community Engagement Plan* that includes efforts to promote the new Substance Abuse Services Helpline (SASH) (1-844-804-7500) and the no-cost benefit package. Outreach strategies include community presentations, health fairs and outreach events; and the distribution of SUD benefit package brochures to provider representatives and the public.

Report on the feasibility of having staff who can direct clinic patients, upon entering, toward the appropriate area and adding patient surveys to be complete before leaving

Upon entry to Public Health Clinics (PHCs), DPH has directional signage and registration staff that ensure patients successfully navigate the clinic environment. Further, security staff assist with directing patients at PHCs to the correct clinic areas to receive the services they are seeking.

Along with its Health Agency partners, DPH conducts customer satisfaction surveys to assess trends and gather patient feedback. All PHCs conduct patient surveys during specified timeframes and surveys are administered in the clinic setting, during normal clinic visits at the end of the patient encounter. DPH continues to identify strategies to increase survey response rates, including providing additional staff training and/or incentives.

Combined Progress Report from the Sheriff and the Director of Community Health and Integrated Programs

Hiring

Integrated Correctional Health Services (ICHS) continues to make strides in its recruitment efforts across various disciplines. In terms of physical health, one full-time physician and 11 relief physicians were hired. There are also 17 pending contingent offers for physician positions and two senior physician candidates are in the pipeline. These providers, working in this newly renovated space, will be responsible for the arriving inmates, all returns from hospital, all transfers out to the hospital and all urgent care issues that may arise within the inmate population.

In terms of nursing, Correctional Health Services (CHS) began utilizing Registry Nursing personnel to provide temporary staffing while recruiting nurses for permanent positions. As of January 2018, there were 46 registry personnel working in the various facilities. Two physical therapists were hired in the last quarter and one Human Resources (HR) professional transferred to CHS in February.

On January 31, 2018, a mental health hiring fair was held in which over 30 candidates received interviews. Fourteen social work job offers were made and accepted. Five of these offers were to fill vacant positions for employees who previously left and nine were for newly allocated positions. These positions will staff Century Regional Detention Facility (CRDF), Twin Towers Correctional Facility (TTCF), Men's Central Jail (MCJ), and Pitchess Detention Center (PDC). Mental health has also made efforts to fill positions that Liberty Healthcare had previously occupied. We feel this is a positive development towards ending their contract sooner than November 2018.

Hiring permanent psychiatrists has historically been challenging. However, in the last six months we have seen substantial progress. Specifically, we have on-boarded three permanent psychiatrists and six contractor psychiatrists for a total of eight FTE positions. In the past few weeks, three additional psychiatrists interested in a permanent role have contacted HR with an interest in working at CHS. Finally, to explore alternative modes of psychiatry coverage, CHS recently signed a contract with a tele-psychiatry subject matter expert who is preparing a report on the needs of the County to better utilize this service.

Recruitment

Thanks to collaborative efforts between the Chief Executive Office (CEO), County Counsel, the Department of Human Resources and with critical support from the Board of Supervisors, the "Mission Possible" recruitment campaign is off to a successful start. The Mission Possible website was launched at the end of February 2018, and features a 13-minute documentary, video clips, benefit information, job descriptions and a new streamlined single-form application process for CHS recruitment. We are also using an 'HR concierge' model in which interested applicants who fill out the "Contact Us" form receive personalized attention directly from an HR analyst who works closely with our Chief Medical Officer. Since launch, we have received over 30 emails and more arrive daily.

This website launch was coupled with a social media campaign, which resulted in numerous tweets, Facebook postings and newspaper articles about reform and recruitment efforts in the County jails. These outlets included Kaiser Health News, the Los Angeles Daily News, the Washington Post and local public radio stations. Leveraging this momentum, we continue our "road show" of aggressive active outreach to physician residency programs and senior physicians already in practice. We have contacted over 60 residency programs nationwide, emailed over 150 physicians and are attending medical conferences to attract additional attention. For example, in May, representatives from ICHS will be attending the Pri-Med conference in Anaheim, which has historically attracted as many as 7,000 physicians. We also continue to offer to host smaller recruitment events for each residency program we contact. In January, we hosted an event in Beverly Hills, which resulted in two residents expressing continued interest, as well as a March event at TTCF in which 17 residents from a local family medicine program received information and a tour of the facility. Moving forward, we

have a business plan to continue coordinated event attendance, targeted advertisements and online outreach to physician candidates.

We have also established relationships with KPG Healthcare, Jackson and Croker and EMA for registry staffing. In addition, we have a new recruitment relationship with KPG Healthcare and Merritt Hawkins. These agencies will be leveraging their full resources to recruit physicians not to join their registry but instead to come on as permanent CHS employees.

Department of Justice Settlement

The Fifth Report from the Department of Justice (DOJ) Monitor released on March 1, 2018 noted our continued progress with system improvements. The Monitor notes, "During the Fifth Reporting period, the County established compliance with additional provisions of the Settlement Agreement, and made progress in addressing the significant challenges to achieving and maintaining Substantial Compliance with respect to quality improvement plans, therapeutic services and out-of-cell time." Regarding the Quality Improvement (QI) provisions, the report states: "As stated by the Mental Health Subject Matter Expert, 'ICHS is clearly developing a sound Quality Management (QM) system. It is based on well-established principles and methods of QM. They are taking appropriate and measured steps to implement their plan.'" Because of continued progress in building our QI system, all three QI provisions are now compliant.

In January 2018, mental health and custody staff collaborated to create the "Living Module." This pilot allows patients to remain on the same floor as they progress through different levels of treatment. The custody staff and clinical team remain the caretakers throughout their stay in Mental Health Housing, providing improved stability and continuity of care. Patients are first admitted to the intake pod where custody and clinicians observe and assess in the most restrictive environment. Once the patient is stabilized, they can move to progressively less structured pods. With each progression, they have increased freedom and activities. There is no discipline on the floor; rather, a patient is moved back to a more restricted pod and provided a specific treatment plan to address any destructive behavior. In the short time this pilot has existed, the model has been praised by the DOJ Subject Matter Expert for its use of the physical plant and individualized treatment opportunities.

Information Technology

We have confirmed that all the ICHS positions have been filled. The candidates are in varying stages of background checks. These positions include one Principal Information Systems Analyst, three Senior Information Systems Analysts and two Information Technology Support Analysts. These positions are critical to the ongoing success of CHS operations and the success of the transition to ORCHID, which was officially kicked off in December with a discovery phase. Additionally, CHS has been able to work with DHS IT to develop virtual training for ORCHID "read-only" access, mitigating the operational impact of having staff go off site for training. Providing ORCHID "read-only"

access for our providers and nurses is a patient safety issue and satisfies various corrective action plans, DOJ requests and Grand Jury inquiry.

System Redesign

System re-design continues to move forward with the goal to develop a fully functional Correctional Health Neighborhood. The Patient-Centered Medical Home official kick-off took place in January at CRDF and ICBS staff is currently working with Health Management Associates to develop the care teams. Additionally, the current Inmate Reception Center (IRC) and Urgent Care functions are being rolled into a single entity with an eye towards getting medical care to those inmates in need of services more expeditiously. A streamlined reception process will identify vulnerable/high-risk individuals and route them to a medical provider for evaluation and initiation of their care in the space immediately adjacent to the previous urgent care. In order to move non-clinical visits away from busy provider and nurse schedules, we have enhanced commissary procurement to include over the counter medications and other personal hygiene items.

Substance Use Disorder Treatment

The Substance Treatment and Re-entry Transition (START) program launched April 2017 to provide Substance Use Disorder (SUD) treatment to 500 inmates on any given day. Services are provided at three of four identified jail facilities: Men's Central Jail – for gay/transgender participants, Century Regional Detention Facility – for female participants and Pitchess Detention Facility - South for male participants. During the reporting period of April 1, 2017 to December 31, 2017, 251 inmates were screened for START; 248 accepted treatment in START; 230 completed in-custody treatment services and 18 dropped out of treatment prior to completion. Additionally, 182 inmates were released from custody. Of the 182 inmates released from custody, 79% accepted a referral to continue SUD treatment services in the community and 29% made it into community treatment. During this reporting period, ICBS-AMS implemented Withdrawal Management services for alcohol dependency at TTCF and CRDF to provide medically monitored detoxification services as well to access to Medication-Assisted Treatment (MAT) for alcohol and opioid dependence. Access to MAT is now available to inmates at all jail facilities.

Currently, START is at full capacity (120 slots) at CRDF with a waitlist; PDC is at 50% capacity (75 slots), with plans to add another treatment pod (75 slots) for a total daily census of 150 in the south facility with future plans to expand at North County Correctional Facility (50 slots), for a targeted 200 inmates on any given day. MCJ is currently at 50% capacity (45 slots) with plans to increase by 25% by February 2018. ICBS continues to encounter treatment space challenges at Pitchess and Men's Central due to limited classrooms and competing programming (i.e. high school, life skills, college classes and religious services) as well lengthy turnaround times to have contracted staff cleared through Los Angeles Sheriff Department (LASD).

Nursing

14,278 Health Services Request (HSR) forms were processed within 24-hours to determine priority of care. Of the 14,278 HSR collected, over 95% were reviewed and it was determined that triage was appropriate. This has been an improvement at all facilities. We will continue to collect and review the performance measure related to improving patient care.

Additionally:

- Trained 483 health care staff including nurses, providers and mental health staff in Cardio Pulmonary Resuscitation/Basic Life Support – Automated External Defibrillator protocol
- Rolled out new Emergency Response process with new equipment and bags at all facilities
- Combined Intake Health Screening to one comprehensive location at the IRC
- Expanded Nursing Competency Validation Program
- Conducted joint Man Down Emergency Drills with LASD on all shifts
- Participated in DOJ compliance elements

OPPORTUNITIES AND OTHER FUNDING SOURCES UPDATE

The efforts of the Chronic Disease and Injury Prevention Workgroup are supported in part by several funding sources. For example, the smoking cessation work will be partially supported by Proposition 56, California's recent measure to increase the tax on tobacco products and many of the trauma prevention activities are currently funded by Measure B. The recent Board motion to address violence in the community, including establishing a Countywide Office of Violence Prevention, has also requested DPH, CEO and the Health Agency to explore funding opportunities and relevant resources to support this initiative.

Additionally, DPH SAPC has now implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS) in LA County. The DMC-ODS provides an unprecedented opportunity to expand SUD treatment services to eligible beneficiaries via a single benefits package and a more comprehensive continuum of care. The expanded SUD treatment benefit under DMC-ODS allows the County to access substantial additional Federal matching federal funds. Previously, DPH-SAPC fully financed most treatment services through other funding sources, and without this federal contribution. Federal matching rates are based on each Medi-Cal beneficiary's eligibility status (e.g., 50% pre-Affordable Care Act [ACA] eligible, 94% post-ACA eligible). This cost shifting has enabled SAPC to add benefits not covered under DMC (e.g., services for children 0-5), significantly expand co-located navigators via the Client Engagement and Navigation Service (CENS), explore new service models (e.g., 24-hour admission pilots), and innovatively design new service systems that best meet the varied needs of County residents.

These financial opportunities and inter-agency collaborations are expanding the reach of eligibility and service coverage that the waiver can provide. As DPH works towards its 2020 Health Agency SUD Expansion Strategic Goals, continued interdepartmental collaboration will be essential to achieve reductions in DHS ED visits and hospitalizations, increase Health Agency patients receiving MAT, train Health Agency clinical staff on Screening, Brief Intervention and Referral to Treatment (SBIRT), and increase the number of people who receive needed SUD treatment.

STAKEHOLDER ENGAGEMENT

Over the past six months, DMH has focused on reinvigorating key stakeholder groups by actively engaging with them in a thorough review of their function, process and composition. This review, is already reaping benefits as evidenced by more and new voices at meetings throughout the County, includes the advisory committees in each Service Area, multi-culturally focused groups that span Service Areas, and the System Leadership Team which is mandated to provide meaningful input on the Mental Health Services Act.

The Departments have also been working in active partnership on the new Center for Health Equity and on Countywide messaging – both virtual and traditional -- to increase information on access points to a wide array of public health services. As indicated in the Chronic Disease and Injury Prevention Workgroup update, the Trauma Prevention Initiative is providing free workshops and customized, one-on-one technical assistance to community organizations interested in building capacity to do violence prevention work. Eighty-four individuals have attended these workshops, representing 60 community-based organizations from the four TPI communities: Florence-Firestone, Willowbrook, West Athens/Westmont and East Compton.

The Center for Health Equity hosted six listening sessions across the County from December 2017 through February 2018. These sessions invited community partners and residents to share their feedback on the Center's purpose and proposed activities. Recommendations shared during each event will help inform the action plan currently under development and shape the Center's work moving forward. More than 350 participants representing a cross-section of stakeholders, including non-profit and philanthropic organizations, government agencies, healthcare partners, academics and concerned residents attended at least one event.

Further, DPH has engaged in extensive stakeholder engagement to launch its new infant mortality reduction initiative. DPH has held two stakeholder summits with more than 100 attendees each to inform the draft plan for this initiative and conducted regular meetings with advisory groups. As a next step, DPH will be conducting facilitated focus groups with new moms to better understand barriers to accessing needed health care and home visiting services. DPH launched the draft infant mortality reduction plan publicly on

April 6, 2018 with a public event and has posted the draft plan on its website to seek input on the plan from a broader variety of stakeholders.

NEXT STEPS

Future Health Agency updates will be revised to reflect the transfer of responsibilities for Housing for Health, Whole Person Care, Office of Diversion and Re-entry and Integrated Correctional Health Services to the CEO's Office of Health and Social Impact, under the leadership of Dr. Mark Ghaly. The Health Agency will continue to collaborate with the CEO's office to move these programs forward.

As the Health Agency evolves, we will continue to work with our staff, union partners, consumers, community stakeholders and your offices to improve our services for County residents.

If you have any questions or need additional information, please let me know.

FL:AU

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Health Agency Strategic Priorities Approved Metrics

Strategic Priority 1: Consumer Access and Experience (Approved by the Board on January 10, 2017)

| | Metric |
|---|---|
| 1 | Consumer experience will improve across the Health Agency* by 10 % over the next two years as measured with standard survey tools. |
| 2 | Enhance four clinical sites with co-located services or designated regional health neighborhood partnerships by end of CY 2017. |
| 3 | Operationalize a Health Agency-wide referral system and necessary infrastructure to track and refer patients from one Health Agency department to another. |
| 4 | Implement the recommended information technology solution that allow Health Agency Departments of EHRs to share demographic and clinical information for shared clients by FY 2018. |

*Health Agency directly operated clinics.

Strategic Priority 2: Housing and Supportive Services for Homeless Consumers
(Approved by the Board on June 8, 2016)

| | Metric |
|---|--|
| 1 | Add 2,500 community-based residential housing slots* administered by the Health Agency in Calendar Year 2016. |
| 2 | Engage 90% of housed individuals to appropriate health, mental health, substance use, and other supportive services. |
| 3 | Reduce Emergency Department and inpatient use by 50% for homeless individuals 12 months post being permanently housed compared to before being housed. |
| 4 | Maintain 90% housing retention rate for formerly homeless individuals 12 months post placement in permanent housing. |

*Includes emergency, interim, and permanent housing

Strategic Priority 3: Overcrowding of Emergency Department by Individuals in Psychiatric Crisis
(Approved by the Board on June 8, 2016)

| | Metric |
|---|---|
| 1 | Decrease the number of days that County PES is above capacity by 5%, as compared to the prior year. |
| 2 | Decrease total administrative days in county inpatient psychiatric units by 15%, as compared to the prior year. |
| 3 | Increase the ratio of psych urgent care visits to PES visits by 10%. |

Strategic Priority 4: Access to Culturally and Linguistically Competent Programs and Services
(Approved by the Board on September 20, 2016)

| | Metric |
|---|---|
| 1 | Assess consumer experience with cultural and linguistic services delivered at the Health Agency clinics by end of CY 2017. |
| 2 | Implement a common set of basic demographic information (i.e. race, ethnicity, language, sexual orientation and homeless definition) by end of CY 2017. |
| 3 | Implement five or more new community based programs (i.e. promotoras, community health workers, health promoters, navigators) and cross-train existing staff by end of CY 2017. |

**Strategic Priority 5: Diversion of Corrections-Involved Individuals to Community-Based Programs and Services
(Approved by the Board on January 10, 2017)**

| | Metric |
|---|---|
| 1 | Provide and coordinate mental health and substance use services for at least 5,000 persons with justice involvement, either pre- or post-booking, over a 3-year period. |
| 2 | Integrate health and justice data to identify persons with the greatest need for intervention and use integrated data to make informed, person-level treatment decisions. |
| 3 | The number of first responders trained in Crisis Intervention Training will increase to over 4,000 total first responders trained by the end of 2017. |

Strategic Priority 6: Implementation of Expanded Substance Use Disorder Benefits
(Approved by the Board on January 10, 2017)

| | Metric |
|---|---|
| 1 | By 2020, increase percent of Medi-Cal or uninsured people* who receive SUD treatment from 18% to 23%. |
| 2 | Between 2017 to 2020, reduce SUD-related* DHS ED visits and hospitalizations by 2% per year. |
| 3 | By end of 2018, train at least 80% of designated Health Agency clinical staff on Screening, Brief Intervention, and Referral to Treatment (SBIRT) for SUDs. |
| 4 | Increase qualified Health Agency patients receiving medication-assisted treatment from <1% to 3% by 2020. |

Strategic Priority 7: Vulnerable Children and Transitional Age Youth
(Approved by the Board on September 20, 2016)

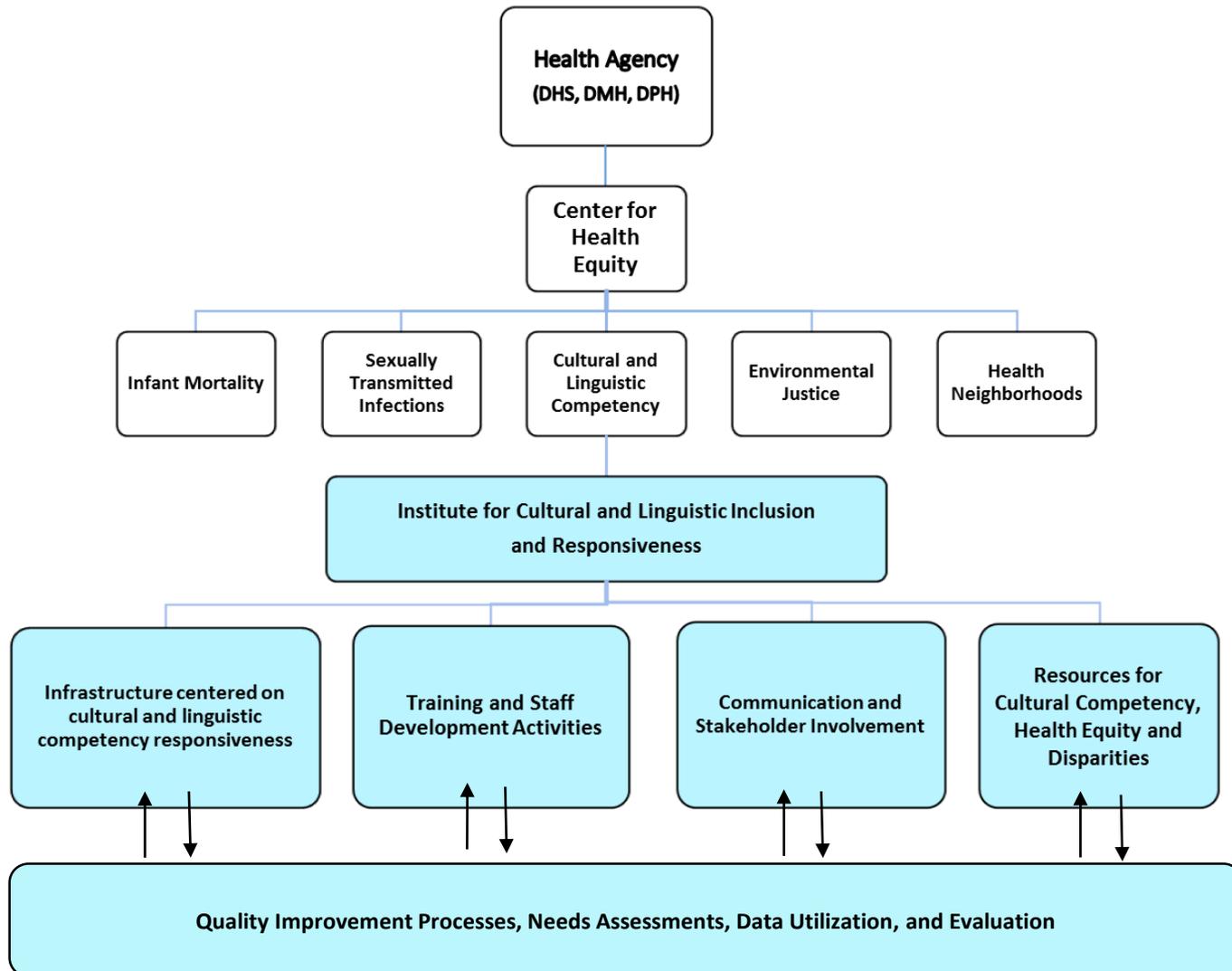
| | Metric |
|---|---|
| 1 | Each DCFS involved child/youth receives comprehensive health screening and referrals to specialties* within 30 days by CY 2017. |
| 2 | >95% of children/youth identified by DCFS as commercially sexually exploited children (CSEC) will receive a comprehensive health screening and referrals to specialties* within 14 days by CY 2017. |
| 3 | >90% of youth released from probation camp who report not having a primary care provider are linked to a clinic. |

*Specialty referrals if needed include mental, physical and substance use services.

Strategic Priority 8: Chronic Disease and Injury Prevention
(Approved by the Board on June 8, 2016)

| | Metric |
|---|--|
| 1 | Decrease the prevalence of tobacco use from 13% to 10% in L.A. County by 2020. |
| 2 | Decrease the prevalence of obesity for adults from 24 to 22% and children with obesity from 22% to 20% in L.A. County by 2020. |
| 3 | Reduce by 10% from 2015 to 2018 the number of violence-related trauma center ED visits and hospitalizations among residents of Park After Dark (PAD) communities in L.A. County using Emergency Medical Services data. |
| 4 | 75% or more of the Health Agency directly-operated clinics will have a smoking cessation protocol implemented by the end of 2018. |

Institute for Cultural Linguistic Inclusion and Responsiveness





May 2, 2018

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Fred Leaf
Interim Director, Health Agency

Christina R. Ghaly, M.D.
Acting Director, Department of Health Services

Jonathan E. Sherin, M.D., Ph.D.
Director, Department of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director, Department of Public Health

313 N. Figueroa Street, Suite 531
Los Angeles, CA 90012

Tel: (213) 288-8174
Fax: (213) 481-0503

"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."



TO: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed. *Barbara Ferrer*
Director, Department of Public Health

Christina R. Ghaly, M.D. *Christina R. Ghaly*
Acting Director, Department of Health Services

SUBJECT: QUARTERLY UPDATE ON TRAUMA PREVENTION EFFORTS AND TRAUMA CARE EXPANSION (ITEM #24 FROM THE NOVEMBER 1, 2016 BOARD MEETING)

On November 1, 2016, your Board instructed the Health Agency Director to report back quarterly on trauma prevention efforts and expansion of trauma care services in the County. This report provides the third quarter update and includes a summary of progress on the Trauma Prevention Initiative (TPI), and the expansion of the trauma system in Los Angeles County.

Trauma Prevention Efforts

TPI Background

TPI was established in December 2015 to reduce the number of trauma visits, injuries and deaths throughout Los Angeles County, beginning with efforts to reduce the high rates of violence in South Los Angeles. The Initiative is built upon a foundation that fosters a comprehensive approach to violence prevention and intervention by coordinating strategies across the lifespan, leveraging resources of existing programs, and developing innovative strategies, policies, and partnerships. The Department of Public Health (DPH), in partnership with the Department of Health Services (DHS), the Department of Mental Health (DMH), and other county and community partners, continues to make progress on the implementation of TPI since the last quarterly report submitted on January 25, 2018. Efforts this past quarter include the ongoing and regular engagement of community members and stakeholders, community-based capacity building through workshops and customized technical assistance to help build impact and sustainability of violence prevention efforts, advancing peace building and safe passage strategies, continued implementation of Hospital Based Violence

RECEIVED
2018 MAY -9 AM 11:23
CHIEF EXECUTIVE OFFICE

Intervention (HBVI) services in South Los Angeles, and support of the Parks After Dark (PAD) program. Below is a brief update detailing activities completed this quarter from January through March 2018.

Community Engagement: Westmont/West Athens and Willowbrook

DPH continues to work closely, and meet regularly, with community residents and stakeholders in the Westmont/West Athens and Willowbrook communities to plan two upcoming community summits focusing on trauma and violence prevention in South Los Angeles. The summits will engage and highlight stakeholders and residents as thought partners and community experts to develop strategies and inform planning to address violence and trauma locally. This planning will include and acknowledge the importance of resiliency, and the identification of strategies for healing.

The "*We Are Willowbrook*" Summit is scheduled for Saturday, May 19, 2018 at Charles R. Drew University. The second Westmont/West Athens Unity Summit is scheduled for Saturday, June 9, 2018, at the Los Angeles Southwest College.

Training and Technical Assistance Team

The TPI Training and Technical Assistance (TTA) team, launched in August 2017, implemented round two of community workshops, starting in January 2018. The TTA team provided one-on-one technical assistance to 30 community-based organizations in South Los Angeles. Technical assistance is customized for each agency based on an organizational assessment and a mutually developed action plan. A detailed report that includes a summary of TTA efforts including outcomes, assessments, lessons learned, and recommendations will be forthcoming in July 2018.

On March 15, 2018, the TTA team led a webinar for the American Institutes of Research Youth Violence Prevention national cohort called "Building the Capacity of Local Community-based organizations (CBOs) to Reduce Trauma and Violence through Training and Technical Assistance." DPH was one of 12 health departments nationwide selected to participate in the Centers for Disease Control and Prevention (CDC) Youth Violence Prevention Training and Technical Assistance Initiative from 2014-2018. The webinar included an overview of TPI, the development of the TTA team, and lessons learned from the team in providing workshops and customized assistance to violence prevention and intervention agencies.

On March 21, 2018, the TTA Team convened a Funder's Panel at Jesse Owens Park, a rare event in South Los Angeles. The goal was to bring together local community-based organizations working on trauma and violence prevention/intervention with funders to discuss strategies to build their organizational impact and funding resources. More than 60 people attended the event, which included speakers from the Weingart Foundation, Parsons Foundation, California Community Foundation, Crail-Johnson Foundation, and Kaiser Permanente.

Hospital Based Violence Intervention

DPH began working with Southern California Crossroads (Crossroads) to provide HBVI services in August 2017 at St. Francis Medical Center. Additional funding support from LA Care, facilitated by DPH, allowed for limited expansion of HBVI services to Harbor-UCLA

Medical Center. HBVI works with individuals most at-risk for violence and re-injury, and connects candidates, who meet specific criteria, with culturally competent case managers. Case managers conduct assessments, provide assistance, and link clients to a wide range of services while they are in the hospital and in the critical months following a patient's release. Preliminary counts indicate that approximately 150 client engagements took place in the first six-months of this project. These hospital-based engagements include establishing rapport and trust with the client, a brief assessment regarding status and needs, and providing links to community resources including ongoing case management services.

Street Outreach and Community Violence Intervention Services

DPH issued a Request for Proposals (RFP) in late November 2017 to contract for street intervention services in the four TPI communities of Westmont/West Athens, Willowbrook, unincorporated Compton, and Florence/Firestone. Proposals were received January 12, 2018, and were reviewed by a cross-sector county panel. Intervention services include facilitation of safe passages for youth and their families to and from schools, libraries, and parks; peace building in the community; rumor control and conflict mediation; and most importantly, connecting clients to needed health, mental health, and social services. As part of this effort, DPH continues to work closely with the Sheriff's Department, the Department of Parks and Recreation (DPR), and the City of Los Angeles' Gang Reduction and Youth Development (GRYD) office, to develop protocols for communication and collaboration for intervention services. These services are anticipated to become available starting in May 2018.

Parks After Dark

DPH continues to provide support to DPR for PAD in the areas of strategic planning, evaluation, and pilot programming. In 2017, PAD was offered at 23 parks. For 2018, expansion to 10 additional parks is currently being considered, as is offering parks programming on a year-round basis.

Expansion of Trauma Systems in Los Angeles County

Below is a brief update on the status of a) Pomona Valley Hospital Medical Center's (PVCs) designation as a Level II trauma center serving the East San Gabriel Valley and b) support for designation of a Level I trauma center serving South Los Angeles.

Pomona Valley Hospital Medical Center

PVC is operational and integrated into the Los Angeles County Trauma System. On March 1, 2018, they celebrated their one-year anniversary as a designated level II Trauma Center. Their verification review by the American College of Surgeons (ACS) is scheduled for September 4 and 5, 2018.

The purpose of the review is to verify compliance with the ACS standards of care for trauma patients. Simultaneously, representatives from the Emergency Medical Services (EMS) Agency will review compliance with the Los Angeles County Trauma Center Service Agreement (TCSA) and the California Code of Regulations, Title 22.

Development of a Level I Trauma Center serving South LA

California Hospital and Saint Francis Medical Center both indicated their intention to seek Level I Trauma Center designation and are participating in the Request for Applications (RFA) released by Contracts and Grants in March 2017. Per the terms of the RFA, the hospital that is first able to achieve Level I designation, as defined by the ACS, will be eligible for reimbursement of costs associated with achieving the designation, up to a maximum of \$2.5 million, if achieved prior to December 31, 2018.

DHS Contracts and Grants has not received any inquiries from either hospital participating in the RFA. This is reason for concern since the deadline of December 31, 2018 for the hospitals to achieve Level I Trauma Center designation is fast approaching and the lead-time to schedule an ACS verification review is from 12-18 months. To date, neither hospital has indicated to the EMS Agency that they have met the Level I Trauma Center criteria and are preparing for a verification review with the ACS. DHS is considering that an extension to the RFA may be necessary.

St. Francis Medical Center is scheduled to have an ACS reverification review as a Level II Trauma Center in November 2018, as part of the usual process the County uses to monitor trauma centers. The hospital could change the review request to a Level I Trauma Center review prior to November, if they feel they meet all Level I Trauma Center requirements.

California Hospital completed an ACS Focused Review on April 3, 2018, to confirm that criteria deficiencies identified during their reverification review conducted April 19 and 20, 2017 have been addressed. At the conclusion of the Focused Review, the ACS reviewers provided verbal confirmation that California Hospital successfully addressed the deficiencies. To achieve Level I designation, California Hospital would have to request another ACS review, which focuses on the Level I Trauma Center criteria.

If you have any questions or need additional information regarding the Trauma Prevention Initiative or the Trauma system expansion, please let us know.

FL:BF:CG

c: County Counsel
Chief Executive Office
Executive Office, Board of Supervisors



County of Los Angeles
CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

SACHI A. HAMAI
Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

May 15, 2018

To: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

HOMELESS INITIATIVE QUARTERLY REPORT #9

On February 9, 2016, the Board of Supervisors (Board) approved the Los Angeles County Homeless Initiative (HI) recommendations, which included 47 Strategies to combat homelessness, and instructed the Chief Executive Office (CEO) to report back to the Board on a quarterly basis regarding the implementation status and outcomes of each Strategy. On December 6, 2016, the Board approved four new Strategies as part of the Measure H ordinance and those Strategies are also included in the CEO's quarterly reports.

This is the HI's ninth quarterly report. This report shows that we are making measurable progress across all dimensions of the County's commitment to combat and prevent homelessness. While the numbers of those directly served by HI Strategies are encouraging, a humanitarian crisis of such complexity will require sustained focus and collaboration with the County's partners and stakeholders. The HI continues to work closely and build capacity with a diverse and ever-growing network of partners to serve many more of our homeless neighbors.

Status Update on HI Strategies and Implementation Highlights

Of the 51 HI Strategies approved by the Board, 46 have been fully or partially implemented, as reflected in Attachment I, Implementation Status Chart. Of the 21 Strategies funded through Measure H, all except one have been implemented. Implementation status and next steps for the 51 HI strategies can be found in Attachment II. Implementation highlights for selected strategies include:

A1: Homeless Prevention Program for Families

From July 2017 through March 2018, 771 families were assisted with prevention services through the Family Solutions Centers. Of those 771 families, 300 families exited the program and 219 (73 percent) either retained their housing or transitioned into other permanent housing.

B1: Provide Subsidized Housing to Homeless Disabled Individuals Pursuing Supplemental Security Income (SSI)

From July 2017 through March 2018, 802 homeless, disabled adults pursuing SSI were housed.

B3: Partner with Cities to Expand Rapid Re-Housing (RRH)

From July 2017 through March 2018, 1,750 RRH participants were placed in permanent housing.

B4: Facilitate Utilization of Federal Housing Subsidies

From July 2017 through March 2018, the Housing Authority of the County of Los Angeles provided \$880,686 in incentives to landlords to help secure 403 units for housing voucher recipients.

B7: Interim/Bridge Housing for Those Exiting Institutions

From July 2017 through March 2018, 1,437 individuals discharged from institutions were provided interim housing.

C4/C5/C6: Establish a Countywide SSI and Veterans Benefits Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness

From July 2017 through March 2018, Countywide Benefits Entitlement Services Teams assisted 5,703 disabled individuals with applications for SSI and Veterans Disability Benefits.

D2: Expansion of Jail In-Reach

From July 2017 through March 2018, 2,987 inmates received D2 Jail In-Reach services.

D6: Criminal Record Clearing Project

Since the January 2018 launch of D6 expungement services, the Public Defender held 20 record clearing services events throughout the County, engaged 267 clients, and filed 117 petitions for dismissal or reduction, 78 of which have been granted so far.

D7: Provide Services for Permanent Supportive Housing

From July 2017 through March 2018, 2,195 clients were linked to new Intensive Case Management Services slots, 1,108 clients received federal rental subsidies, 808 clients received local rental subsidies, and 476 clients were placed in permanent housing.

E4: First Responders Training

As of March 31, 2018, 42 First Responders Trainings were convened for Sheriff personnel, for a total of approximately 1,152 deputies and sergeants who have been trained since the inception of the First Responders Training on October 26, 2016.

E6: Countywide Outreach System

Between July 2017 and March 2018, Countywide outreach teams made contact with more than 13,800 individuals, connected 4,663 to services, placed 632 individuals into interim housing, and linked 267 individuals to a permanent housing program.

E8: Enhance the Emergency Shelter System

Since January 2017, contracts have been awarded to service providers for 302 new Crisis and Bridge Housing beds and 115 new Bridge Housing beds for women. From July 2017 through March 2018, 10,330 individuals entered crisis, bridge, and interim housing funded in whole or in part by Measure H. During the same period of time, 1,703 individuals exited interim housing to permanent housing.

E14: Enhanced Services for Transition Age Youth

From July 2017 through March 2018, 2,768 youth were assessed using the Next Step Tool.

Measure H Funding Recommendations for FY 2018-19

As instructed by the Board on January 30, 2018, the CEO implemented the recommended process to review and finalize Measure H funding recommendations for FY 2018-19. The process provided lead County departments and agencies the opportunity to recommend modifications to the approved, tentative FY 2018-19 funding allocations where necessary, and included a community engagement effort with the following components:

- A community webinar on March 6, 2018, to explain the draft funding recommendations;
- A public meeting on March 14, 2018, to take verbal public comment;
- Public comment period (submitted verbally and electronically) from March 6 through March 21, 2018; and

- Review and consideration of public comments by the HI and lead County departments and agencies.

The final funding recommendations are scheduled for the Board's consideration on May 15, 2018.

Public Accountability

Performance Data

The following attachments provide cumulative performance data for July 2017 – March 2018, the first three quarters of Measure H implementation:

- Attachment IIIA - Outcomes for select HI strategy metrics, which demonstrate the significant progress most strategies have made since the last quarterly report.
- Attachment IIIB - Data for five key strategies by service planning area (SPA).
- Attachment IIIC - Demographic information for individuals enrolled in or served by those same five key strategies, including graphs that provide a visual representation of the demographic data.

Measure H Citizens' Oversight Advisory Board (COAB)

The third meeting of the COAB took place on March 8, 2018. During that meeting, the COAB heard from homeless service providers, the Los Angeles Homeless Services Authority (LAHSA), and the Department of Health Services (DHS) about their experience with administering Measure H funds. On May 3, 2018, the COAB held its first Listening Session at the Special Services for Group – Homeless Outreach Program Integrated Care System Office in SPA 6. The COAB used this opportunity to hear from persons with lived experience, the faith-based community, and homeless service providers in the area. Information regarding past and future meetings can be found at <http://homeless.lacounty.gov/coab/>.

Success Stories

The impact of the HI is illustrated in Attachment IV, which includes success stories of formerly homeless families and individuals who have received assistance through HI Strategies.

Responses to Board Motions

During the last quarter, the CEO responded to six Board motions related to the Homeless Initiative. For summaries of these reports, please see Attachment V.

Other Key Homeless Initiative Activities

2nd Annual Homeless Initiative Conference

On February 8, 2018, the HI hosted the second annual Homeless Initiative Conference entitled "*Partnership and Innovation to Prevent and Combat Homelessness.*"

Over 550 stakeholders attended, including elected officials, County departments, cities, homeless service providers, business sector, faith-based organizations, academia, foundations, formerly homeless residents, and community coalitions, to reflect on collective achievements; discuss on-the-ground experiences related to the implementation of Measure H; and plan for the enhancement and expansion of service and housing capacity to prevent and combat homelessness in LA County. The conference included breakout sessions focusing on both current and emerging issues that are critical to the success of the HI, with emphasis on successful implementation of Measure H-funded strategies.

A summary Conference Report can be found in Attachment VI. The third annual Homeless Initiative Conference is scheduled for February 7, 2019.

Measure H Impact Dashboard

CEO worked closely with United Way Home for Good and LAHSA to develop a dashboard to display Measure H progress to the public. The initial iteration of the dashboard went live on the HI website on March 16, 2018. The dashboard data is broken down by population (single adults, veterans, youth, and people in families), and includes the following metrics for each:

1. Number who were permanently housed
2. Number of days from assessed to housed (on average)
3. Number of returns to homelessness
4. Number who were sheltered/served in interim housing
5. Number who were prevented from becoming homeless
6. Number who increased income through benefits or employment

Attachment VII provides screenshots of the first dashboard with data from July 2017 through December 2017. The dashboard can be found online at the HI website, <http://homeless.lacounty.gov>. For the first iteration of the dashboard, metrics 2, 3, and 6 listed above are not included due to limited data at this early stage in Measure H implementation. Future iterations of the dashboard will provide data for all six metrics.

Cities and Councils of Government

On June 13, 2017 and October 17, 2017, the Board allocated a combined total of over \$2,500,000 for homelessness planning grants for cities in the Los Angeles Continuum of Care and regional coordination services by Councils of Governments (COGs). Below are key efforts and milestones in working with cities and COGs:

- **Technical Assistance:** In partnership with the United Way Home for Good Funders Collaborative (Funders Collaborative), Corporation for Supportive Housing, LAHSA and County departments and agencies, the CEO convened six Technical Assistance Sessions with the 45 grantee cities from February 2018 through April 2018 that focused on: 1) Housing and land use opportunities; 2) Troubleshooting challenges and opportunities in developing or enhancing/expanding each city's Homelessness Plan; 3) Resource needs for cities to implement their Homelessness Plans; and 4) Incorporating the *Everyone In* campaign (<http://everyoneinla.org/>) into the city Homelessness Plans to effectively engage each city's residents and stakeholders to increase service and housing capacity.
- Final city plans to prevent and combat homelessness are due by the end of June 2018, though some cities have requested an extension until the end of July.

AB 210 Implementation and Prioritization of Housing and Services for Heaviest Users of County Services

County-sponsored AB 210 was signed into law by the Governor on October 7, 2017. AB 210 authorizes counties to establish homeless adult and family multidisciplinary teams to facilitate the expedited identification, assessment, and linkage of homeless individuals and families to housing and supportive services within the County. It allows participating agencies to share confidential information (both verbally and electronically) to coordinate housing and supportive services, ensure continuity of care, and reduce duplication of services.

- AB 210 became effective January 1, 2018. The HI has worked with County Counsel and participating County departments and agencies to develop a protocol, which will govern the sharing of confidential information within these teams, as well as Countywide policies and procedures. On April 5, 2018, the CEO sent a memo to the heads of participating County departments/agencies, requesting that they sign a Participating Agency Agreement to indicate that their agencies will participate in information sharing authorized by AB 210 and abide by the protocol, policies, and procedures. The deadline to submit Participating Agency Agreements was April 27, 2018.

- The HI has developed a training for personnel who will participate in information sharing under AB 210. The training will be administered by the Department of Human Resources. Participants will also be able to electronically accept the Employee Participation and Confidentiality Agreement at the conclusion of the training. Once a critical mass of personnel has completed the training, Phase 1 of implementation will begin. In this Phase, eligible personnel will share allowable information through *person to person* methods, such as phone or in person conversations, after verifying that they are eligible to do so. Phase 1 will include DHS, DMH, DPH, DPSS, LASD, LAHSA, Probation, and their contractors. Additional participating agencies will be included in Phase 2.
- The Chief Information Office is leading the development of an automated system to facilitate information sharing authorized by AB 210. Once this system rolls out, a broader set of departments and agencies will be able to participate in AB 210 information sharing.
- The new law will considerably aid in the County's efforts to prioritize the care of high-cost homeless single adults. Since December 2016, the CEO has made available to eligible County departments files with the names of their clients who are among the five percent of homeless single adults identified as the heaviest users of County services. These files have not included any past or current service information due to confidentiality restrictions. However, with the authority granted under AB 210, the CEO plans to release the next version of the five percent list with past and current service information included; as a result, participating County departments will know if individuals on their lists are utilizing other departments' services. AB 210 will greatly enhance the County's ability to prioritize housing and related services for heavy users of County services, as directed by the Board on February 9, 2016.

Job Fairs and Website

To bolster the critical Measure H ramp-up effort, in the first week of February 2018, the HI launched www.jobscombattinghomeless.org – a dedicated Webpage to connect homeless service providers in all eight Service Planning Areas to job seekers. Since the page went live, it has been the most visited page on the HI website. In its first ten weeks (February – mid-April), analytics show upwards of 20,000 overall page views, and providers have reported an increase in both the number and quality of applicants, reinforcing the value of the online jobs clearinghouse.

The HI, LAHSA, and the Office of Los Angeles Mayor Eric Garcetti held the 2nd Homeless Service Professionals Job Fair on April 13, 2018. More than 750 people attended the fair, which included over 50 employers with available job openings. Another job fair will take place in the next few months.

Homeless Outreach Web Portal (Strategy E6)

Strategy E6 has enhanced and increased outreach efforts across the County by creating new specialized multidisciplinary outreach teams (MDTs), increasing the number of general outreach workers, and establishing a countywide and SPA-level infrastructure to coordinate the full range of outreach to people experiencing homelessness. A new, critical component of this strategy is a web-based communication platform (web-based portal) to be used by first responders (law enforcement, firefighters, and paramedics), service providers, and County residents. The platform provides a tool to report street homelessness and homeless encampments. Information submitted via the platform is automatically sent to the appropriate regional coordinator, and the appropriate team is dispatched to the location within 72 hours.

A *soft launch* of the platform started on April 30, 2018, with a select group of *front-end* users, as well as MDTs and general outreach workers as *back-end* users. The soft launch will serve to measure the efficacy of the platform, work out any bugs, and get feedback from front- and back-end users in preparation for a full countywide launch targeted for the end of this month.

Collaboration with Faith Organizations

The HI continues to partner with LA Voice to provide collaboration, outreach, and technical assistance to faith communities. Aside from the ongoing one-on-one HI and Measure H education provided to faith organizations (individually or in groups), an on-line tool kit of resources for congregations addressing homelessness has been created. The toolkit includes various resources focused on: 1) advocating for housing and housing rights; 2) contact information for people who can support the work of the faith community and facilitate connections to resources; 3) discerning what role congregations can play to support the system; 4) getting funding; and 5) information/fact sheets on specific programs that congregations can support. The online toolkit can be found at <http://homeless.lacounty.gov/the-power-of-help/>.

Additionally, on April 26, 2018, an in-person session was provided for various faith leaders throughout the County, where additional details on each of the above focus areas were provided. Through the efforts outlined above, various opportunities for partnerships have been identified that the HI continues to explore with partnering departments and faith organizations.

Each Supervisor
May 15, 2018
Page 9

The next HI quarterly report will be submitted on August 15, 2018. If you have any questions, please contact Phil Ansell, Director of the Homeless Initiative, at (213) 974-1752 or pansell@ceo.lacounty.gov.

SAH:JJ:FAD
PA:JR:JK:tv

Attachments

c: Executive Office, Board of Supervisors
County Counsel
District Attorney
Sheriff
Alternate Public Defender
Animal Care and Control
Arts Commission
Beaches and Harbors
Child Support Services
Children and Family Services
Community Development Commission
Consumer and Business Affairs
Fire
Health Agency
Health Services
Human Resources
Mental Health
Military and Veterans Affairs
Parks and Recreation
Probation
Public Health
Public Library
Public Social Services
Public Works
Regional Planning
Registrar-Recorder/County Clerk
Workforce Development, Aging and Community Services
Los Angeles Homeless Services Authority
Superior Court

Approved County Strategies to Combat Homelessness

Implementation Status At-A-Glance

May 2018

LEGEND

| | | | | |
|-------------------|-----------------------|--------------------------------------|---|--------------------------------|
| Fully Implemented | Partially Implemented | Implementation targeted by July 2018 | Implementation targeted by September 2018 | Implementation targeted by TBD |
|-------------------|-----------------------|--------------------------------------|---|--------------------------------|

E. Create a Coordinated System

| | | |
|--|--|--|
| E1 – Advocate with Relevant Federal and State Agencies to Streamline Applicable Administrative Processes for SSI and Veterans Benefits E2 – Drug Medi-Cal Organized Delivery System for Substance Use Disorder Treatment Services E3 – Creating Partnerships for Effective Access and Utilization of ACA Services by Persons Experiencing Homelessness E4 – First Responders Training | E5 – Decriminalization Policy E6 – Countywide Outreach System (H) E7 – Strengthen the Coordinated Entry System (H) E8 – Enhance the Emergency Shelter System (H) E9 – Discharge Data Tracking System E10 – Regional Coordination of LA County Housing Authorities E11 – County Specialist Support Team E12 – Enhanced Data Sharing and Tracking | E13 – Coordination of Funding for Supportive Housing E14 – Enhanced Services for Transition Age Youth (H) E15 – Homeless Voter Registration and Access to Vital Records E16 – Affordable Care Act Opportunities E17 – Regional Homelessness Advisory Council and Implementation Coordination |
|--|--|--|

B. Subsidize Housing

| |
|---|
| B1 – Provide Subsidized Housing to Homeless, Disabled Individuals Pursuing SSI (H) |
| B2 – Expand Interim Assistance Reimbursement to additional County Departments and LAHSA |
| B3 – Partner with Cities to Expand Rapid Re-Housing (H) |
| B4 – Facilitate Utilization of Federal Housing Subsidies (H) |
| B5 – Expand General Relief Housing Subsidies |
| B6 – Family Reunification Housing Subsidy (H) |
| B7 – Interim/Bridge Housing for those Exiting Institutions (H) |
| B8 – Housing Choice Vouchers for Permanent Supportive Housing |

A. Prevent Homelessness

| |
|---|
| A1 – Homeless Prevention Program for Families (H) |
| A2 – Discharge Planning Guidelines |
| A3 – Housing Authority Family Reunification Program |
| A4 – Discharges from Foster Care and Juvenile Probation |
| A5 – Homeless Prevention Program for Individuals (H) |

C. Increase Income

| |
|--|
| C1 – Enhance the CalWORKs Subsidized Employment Program for Homeless Families |
| C2 – Increase Employment for Homeless Adults by Supporting Social Enterprise (H) |
| C3 – Expand Targeted Recruitment and Hiring Process to Homeless/ Recently Homeless People to Increase Access to County Jobs |
| C4 – Establish a Countywide SSI Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness (H) |
| C5 – Establish a Countywide Veterans Benefits Advocacy Program for Veterans Experiencing Homelessness or At Risk of Homelessness (H) |
| C6 – Targeted SSI Advocacy for Inmates (H) |
| C7- Subsidized Employment for Adults (H) |

D. Provide Case Management and Services

| |
|--|
| D1 – Model Employment Retention Support Program |
| D2 – Expand Jail In-Reach (H) |
| D3 – Supportive Services Standards for Subsidized Housing |
| D4 – Regional Integrated Re-entry Networks – Homeless Focus (H) |
| D5 – Support for Homeless Case Managers |
| D6 – Criminal Record Clearing Project (H) |
| D7- Provide Services and Rental Subsidies for Permanent Supportive Housing (H) |

(H) – Strategies eligible to receive Measure H Funding

F. Increase Affordable/Homeless Housing

| | | |
|--|---|--|
| F1 – Promote Regional SB 2 Compliance and Implementation | F4 – Development of Second Dwelling Units Pilot Program | F7 – Preserve Current Affordable Housing and Promote the Development of Affordable Housing for Homeless Families and Individuals (H) |
| F2 – Linkage Fee Nexus Study | F5 – Incentive Zoning/Value Capture Strategies | |
| F3 – Support for Inclusionary Zoning for Affordable Housing Rental Units | F6 – Using Public Land for Homeless Housing | |

Homeless Initiative Quarterly Report No. 9 – As of April 12, 2018

Status of Strategies to Combat Homelessness

(H) after Strategy Name indicates strategy is eligible to Measure H funding.

Acronyms are spelled out in full at first mention; see appended chart for full list of acronyms.

| Strategy Implementation Date (Actual or Target) | Status | Next Steps |
|---|--|--|
| PREVENT HOMELESSNESS | | |
| A1: Homeless Prevention Program for Families (H) <u>Actual Implementation Dates:</u> Phase 1: May 2016 Phase 2: November 2016 | <ul style="list-style-type: none"> March 1, 2018: The contract for expanded legal services using Measure H funding began. Inner City Law Center is working with the Los Angeles Homeless Services Authority's (LAHSA's) capacity building department to schedule a series of legal trainings for the Coordinated Entry System for Families (CESF) providers. LAHSA has been meeting with the U.S. Department of Housing and Urban Development (HUD) Technical Assistance (TA) on a weekly basis via phone or in-person to discuss creating a diversion screening tool as well as a training on diversion for funded providers. A working group with CESF providers regarding the prevention program and targeting tool for possible system changes is planned starting July 2018. | LAHSA will continue to work with HUD TA on development of a diversion screening tool and training. |
| A2: Discharge Planning Guidelines <u>Actual Implementation Date:</u> June 2017 | <ul style="list-style-type: none"> The Guidelines have been developed and are available to all government and private agencies. | Chief Executive Office Homeless Initiative (CEO-HI) will work with agencies interested in implementing the Guidelines. |
| A3: Housing Authority Family Reunification Program <u>Actual Implementation Date:</u> March 2016 | <ul style="list-style-type: none"> Los Angeles Sheriff Department (LASD) continues to make referrals from in-custody population prior to release. During this reporting period LASD referred 27 clients for eligibility screening. Probation continues screening for homeless individuals who fit the criteria for participation and served at Probation Area Offices adjacent to A3 providers. During this reporting period, Probation referred 904 clients for eligibility screening. | Continue to expand outreach efforts to identify supervised persons who can qualify for and benefit from this program. |

| | | |
|--|--|--|
| <p>A4: Discharges from Foster Care and Juvenile Probation</p> <p><u>Actual Implementation Date:</u> Phase I: January 2018</p> <p><u>Target Implementation Date:</u> Phase II: July 2018</p> | <p><u>Phase I:</u></p> <ul style="list-style-type: none"> • Co-location of the Coordinated Entry System for Youth (CESY) continues in Department of Children and Family Services (DCFS) regional offices in each Service Planning Area (SPA). The goal of this pilot is to explore the most appropriate strategy for connecting current and former foster youth who need housing to available resources. Since the last report, CESY agencies have co-located on varying schedules in the following DCFS Offices: <ul style="list-style-type: none"> ○ SPA 1: DCFS - Antelope Valley ○ SPA 2: DCFS - Chatsworth and Van Nuys and expanding to Santa Clarita soon ○ SPA 3: DCFS - Pomona ○ SPA 4: DCFS - Metro North ○ SPA 5: DCFS - West Los Angeles ○ SPA 6: Still in the planning stage of co-locating staff. The DCFS Regional Administrators from the SPA 6 offices are scheduled to have an in-service training prior to determining the target date of CESY co-location. ○ SPA 7: DCFS - Santa Fe Springs and Belvedere. Exploring collocation at Probation Office as well. ○ SPA 8: DCFS - South County and Torrance • The online DCFS discharge survey has been implemented and is available for youth to complete at the time of exiting foster care. • Two pilots underway in SPA 2 and SPA 3 involving CESY and DCFS/Probation <ul style="list-style-type: none"> ○ Pilot in SPA 2 focused on serving AB12 youth to secure Supervised Independent Living Program (SILP) housing through Housing Navigation assistance and flex funding to support move-in costs ○ Pilot in SPA 3 focused on streamlining the process to identify youth exiting care and assess for housing and supportive services need. Pilot is underway in both DCFS Pomona Regional Office and Probation's Camp Rocky. • Memorandum of Understanding (MOU) with LAHSA was executed in support of LAHSA's application for the HUD's Youth Homeless Demonstration Program (YHDP) Grant. <p><u>Phase II:</u></p> <ul style="list-style-type: none"> • DCFS and Probation continue to move forward internally with discussion around implementation of strengthened discharge policy and, potentially, additional staffing focused on homelessness. • Expansion of pilots described above. • Enhanced data collection. | <ul style="list-style-type: none"> • Continue to monitor implementation of CESY and DCFS/Probation Pilots. • Continue internal processes to implement strengthened discharge policies in both DCFS and Probation |
| <p>A5: Homeless Prevention Program for Individuals (H)</p> | <ul style="list-style-type: none"> • Program started February 2018 • On March 12, 2018, LAHSA conducted an on-boarding session, which provided an overview of the prevention and diversion programs. The session identified the difference between prevention and diversion, expectations of providers, services provided, and an additional webinar to discuss the Homeless Management Information System (HMIS) system. | <p>LAHSA will continue to work with HUD TA on the diversion screening tool and training.</p> |

| | | |
|--|--|---|
| <p>Actual Implementation Dates: Homeless prevention services: February 2018 Legal services for people at risk of homelessness: March 2018</p> | <ul style="list-style-type: none"> • Inner City Law Center is working with LAHSA's capacity building units to schedule a series of legal trainings for the providers. • LAHSA has been meeting with HUD TA on a weekly basis via phone or in person to discuss creating a Diversion screening tool as well as a training on Diversion for funded providers. | |
| <p>SUBSIDIZE HOUSING</p> | | |
| <p>B1: Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI (H)</p> <p>Actual Implementation Dates: Phase 1: June 2016 Phase 2: October 2016</p> | <ul style="list-style-type: none"> • Completed on-boarding activities for new staff funded through Measure H. • Ongoing monitoring of program operations and subsidy issuances across all 14 General Relief (GR) offices. • Due to very low participant attrition, DPSS projects not enrolling new participants during FY 2018-19. DPSS has identified a need to partner with agencies that administer permanent housing options to which certain Strategy B1 participants could transition. This will create the opportunity for additional homeless, disabled GR participants to enroll under Strategy B1. | <ul style="list-style-type: none"> • On-going discussion around opportunities to better integrate Strategy B1 with other HI strategies • Explore opportunities to integrate feedback received from the Lived Experience Advisory Group. |
| <p>B2: Expand Interim Assistance Reimbursement to additional County Departments and LAHSA</p> <p>Target Implementation Date: September 2018</p> | <ul style="list-style-type: none"> • The CEO provided LAHSA and the Departments of Health Services (DHS), Probation, and Public Health (DPH) with the minimum claiming requirements for the Department of Public Social Services (DPSS) to potentially administer the collection of Interim Assistance Reimbursement (IAR) on their behalf. • CEO provided a survey to LAHSA, DPH, DHS and Probation to assess services provided to homeless, disabled individuals pursuing Supplemental Security Income (SSI) to determine the volume of claims that would potentially be collected by DPSS on the impacted department's behalf. Survey responses due to CEO on May 14, 2018. • Meeting scheduled to discuss survey responses and DPSS assessment of resources on May 30, 2018. | <ul style="list-style-type: none"> • Compile survey responses of claimable expenses. • Determine resources needed by LAHSA, DHS, Probation, and DPH to prepare suitable IAR claims. • Determine resources needed by DPSS to administer claims on behalf of interested agencies/departments. • Determine technical needs to ensure claims can be processed timely. • Develop MOU between DPSS and interested agencies/departments for the collection of IAR, if this approach is determined to be feasible. |
| <p>B3: Partner with Cities to Expand Rapid Re-Housing (H)</p> <p>Actual Implementation Dates: Housing and Jobs Collaborative (HJC): January 2016</p> | <ul style="list-style-type: none"> • LAHSA has been meeting with HUD TA on a weekly basis to begin implementing Rapid Re-Housing (RRH) learning communities for direct line staff and program managers as well as developing targeted training and a RRH program guide. • The first RRH learning community meeting for direct line staff took place on April 12, 2018 and will occur every other month. The first RRH learning community meeting for program managers took place on April 12, 2018 and will occur quarterly. • Preparation for the Domestic Violence(DV)/Intimate Partner Violence (IPV) RRH learning community has begun. The first DV/IPV RRH learning community session took place on April 3, 2018 and was coordinated by the LAHSA RRH Coordinator and LAHSA DV Coordinator. | <p>DHS and Brilliant Corners will continue to work on agreements with Culver City and Burbank.</p> |

| | | |
|---|---|---|
| <p>LAHSA's Family and Youth Rapid Re-Housing: September 2016 LAHSA's Single Adult Rapid Re-Housing: July 2017</p> | <ul style="list-style-type: none"> • The LAHSA Performance Management unit conducted a deep dive analysis of RRH programs in all systems. The results of the analysis informed targeted on-site technical assistance and training needs. The LAHSA Performance Management unit has implemented this effort to address the needs of the program and provide support to program operations. • DHS continues to pursue agreements with cities, wherein cities contribute a portion of the funds for B3 to house people experiencing homelessness in their jurisdiction. DHS executed an agreement with Santa Monica on April 18, 2018. DHS has discussed possible agreements with the cities of Burbank and Culver City. • LAHSA has begun implementing its Active Contract Management model with RRH providers. Active Contract Management provides monthly performance analysis for provider contracts to identify any areas of progress or concern. LAHSA has conducted over 15 site visits to address several areas of concern, which include, but are not limited to: low performance numbers, unknown exits, missing data, fiscal reconciliation, and program design. | |
| <p>B4: Facilitate Utilization of Federal Housing Subsidies (H) <u>Actual Implementation Date:</u> May 2016</p> | <ul style="list-style-type: none"> • The Housing Authority of the County of LA (HACoLA) attended meetings and community events such as the National Association of Residential Property Managers (NARPM) Owner Workshop in Glendale, Buildings Expo in Pasadena, Landlord Meet and Greet at the VA Medical Center in West Los Angeles, and South Bay Cities Council of Governments (SBCCOG) General Assembly in Carson to market and educate the public on HACoLA's incentive programs. • On February 5, 2018, HACoLA lifted the suspension of vouchers and applications for the Housing Choice Voucher (HCV) Program that had been in effect since April 11, 2017. As a result, new homeless families/individuals can now be admitted into the HCV Program. During the suspension, lease-up activities with the Continuum of Care/Shelter Plus Care, and VASH programs continued. • Executed an interagency agreement with Long Beach PHA to begin providing HIP incentives. • Trained Housing Authority of the City of Los Angeles (HACLA) and Long Beach on HIP processes and use of HACoLA's HIP dashboard. | <ul style="list-style-type: none"> • HACoLA will continue to schedule additional HouseLA events with Members of the Board of Supervisors, along with other local public housing authorities receiving Measure H dollars. • HACoLA plans to expand its marketing and outreach efforts to recruit new property owners/managers to participate in its incentive program. |
| <p>B5: Expand General Relief Housing Subsidies <u>Actual Implementation Date:</u> December 2017</p> | <ul style="list-style-type: none"> • On-going monitoring of program operations and subsidy issuances across all 14 GR offices • In March 2018, DPSS and DPH met to discuss the financial and operational implications of accessing Drug Medi-Cal funding available for substance use disorder (SUD) services provided for GR participants under the Mandatory SUD and Recovery Program (MSUDRP). • The challenge to realizing savings for the MSUDRP is the certification process of residential drug treatment centers. The centers must be certified before costs associated with substance use services provided as part of the MSUDRP could be shifted to Drug Medi-Cal. • DPSS continues to fund SUD services for GR participants through MSUDRP and is working with DPH to identify additional non-residential and outpatient services provided through MSUDRP that may be shifted to Drug Medi-Cal. Additionally DPH continues to work with the California Department of Health Care Services to certify residential treatment centers to | <p>Continued discussion between DPSS and DPH around potential claiming of MSUDRP services to Drug Medi-Cal.</p> |

| | | |
|--|--|--|
| | <p>achieve savings in residential services provided through MSUDRP. As services are identified as Drug Medi-Cal eligible, resulting savings will be reinvested into Strategy B5 to fund additional housing subsidies for GR participants.</p> | |
| <p>B6: Family Reunification Housing Subsidy (H)</p> <p><u>Actual Implementation Date:</u> January 2017</p> | <ul style="list-style-type: none"> Continued monthly B6 collaborative meetings at Children's Court that include all contracted housing agency managers, Community Development Commission (CDC), DPSS and Children's Court Liaison. LA County selected to participate in the One Roof Leadership Institute for Supportive Housing & Child Welfare Partnerships, a national cohort of five communities from the states of Washington, California, Illinois, Missouri, and Maryland/D.C. that will be working with Corporation for Supportive Housing (CSH) and each other, with the goal of developing child welfare and supportive housing partnerships that will lead to the creation of new supportive housing for child welfare involved families. Continuing intake of referrals for B6 services and connection to housing resources to support reunification. | <p>DCFS continues to ramp up efforts to increase the number of families housed and employed.</p> |
| <p>B7: Interim/Bridge Housing for Those Exiting Institutions (H)</p> <p><u>Actual Implementation Date:</u> October 2016</p> | <ul style="list-style-type: none"> In conjunction with LAHSA, the County Health Agency (DHS, DMH, and DPH), continued working towards the development of a universal referral system into, across, and between LAHSA, the Health Agency, and contracted crisis beds/interim housing providers. A triaging/screening tool was developed and approved by LAHSA and the Health Agency to receive and route referrals from referral agencies. This triaging and screening tool is being used to determine the appropriate placement for the participant, thereby identifying the B7-funded interim housing environment that will provide the most appropriate level of care to meet the participant's need. LAHSA and the Health Agency began formalizing coordination processes for referrals between and amongst agencies in March 2018. Work continues to create and refine common documentation and identify partners to pilot this cross-system referral process. Interim Housing coordination will allow for LAHSA and the Health Agency to create a holistic view of countywide interim housing opportunities. DHS-HFH continued to focus its efforts on working with private hospitals, managed care plans, and the County jail system on providing interim housing to individuals being exited from institutions. Trainings, in-services, and technical assistance were conducted with these institutions. DHS-HFH responded to an urgent request from the D2 (Jail In-Reach program) to provide interim housing to homeless individuals with complex mental health issues being exited from jail in a surge of approved early releases. DHS-HFH continued to provide trainings and guidance to referral entities related to their referral process and appropriate referrals for interim housing. DMH, DHS, and LAHSA have hired "air-traffic controllers," which are dedicated staff that receive and route interim housing referrals and facilitate placement into Health Agency and LAHSA-funded Interim and Bridge Housing programs. In this quarter, DMH, DHS, and | <ul style="list-style-type: none"> LAHSA and the Health Agency will continue to work on a centralized referral system in which staff can work together to ensure that everyone eligible is referred to the appropriate bed based on the participant's needed level of care. DHS-HFH will continue to identify and bring on new interim housing beds to reach the goal of 250 new beds this fiscal year for Measure H. DHS-HFH will continue to identify training needs and provide trainings for both referring entities and interim housing providers to ensure that consistent delivery of quality interim housing services is maintained. In partnership with LAHSA and CSH, DPH will train treatment providers on the CES, CES assessment tools, housing referrals, and the HMIS. Trainings are slated to occur between May and June 2018. |

| | | |
|--|--|--|
| | <p>LAHSA have worked closely on improving the referral process to create a coordinated seamless system for individuals accessing services through B7 and E8.</p> <ul style="list-style-type: none"> • DHS-HFH, in collaboration with Office of Diversion and Reentry (ODR,) is continuing to implement/improve medication support programs and related policies and procedures within their contracted interim housing sites. The clinical team at ODR assisted with monitoring agencies' progress in this area. • DPH-Substance Abuse Prevention and Control (SAPC) convened a meeting with its providers on February 26, 2018 to present information on the new bed rates for general and perinatal patients and other issues. On February 22, 2018, DPH-SAPC conducted a training on how to submit B7 authorization requests, discharge documentation, and billing claims in the newly-launched electronic health record system, known as Sage. • The authorized Recovery Bridge Housing (RBH) stay for the general population (18 years of age and older) has been extended from 90 to a maximum of 180 days. The extension allows homeless patients additional time to be matched to alternative or permanent housing. | |
| <p>B8: Housing Choice Vouchers for Permanent Supportive Housing</p> <p><u>Actual Implementation Date:</u> June 2018</p> | <ul style="list-style-type: none"> • On April 11, 2017, HUD deemed HACoLA as a shortfall agency due to federal funding limitations. HACoLA was required to suspend all vouchers and applications issued for the HCV Program. • On February 5, 2018, HACoLA lifted the suspension on previously- suspended vouchers and on applications for vouchers. 211 voucher holders resumed their search for housing and 276 applicants received new application packets. • With the lifting of the voucher and application suspension, HACoLA collaborated with LAHSA regarding applications of clients that LAHSA had referred. HACoLA also requested 25 new homeless referrals from LAHSA on a weekly basis starting immediately. • See Strategy B4 status for information on HACoLA's work with other PHAs. | <ul style="list-style-type: none"> • HACoLA will continue to refer voucher holders to the Housing Advisory Unit for housing location assistance (related to HI Strategy B4). • HACoLA will continue to process new contracts for voucher holders who have located housing. |
| <p>INCREASE INCOME</p> | | |
| <p>C1: Enhance the CalWORKs Subsidized Employment Program for Homeless Families</p> <p><u>Actual Implementation Date:</u> December 2016</p> | <ul style="list-style-type: none"> • The Workforce Development, Aging, and Community Services (WDACS) Department has agreed to assist with finding coverage for the Antelope Valley through one of their America's Job Centers of California (AJCCs). The AJCC will submit a proposal to South Bay Workforce Investment Board (SBWIB), the DPSS contractor for C1, to be a provider for the Antelope Valley via the Request For Proposals (RFP) process. | <p>DPSS will follow up on the RFP process with the SBWIB.</p> |
| <p>C2: Increase Employment Opportunities for Homeless Adults by Supporting Social Enterprise (H)</p> | <ul style="list-style-type: none"> • WDACS held weekly planning meetings with Roberts Enterprise Development Fund (REDF) to execute roll out of the County LA:RISE program throughout the LA Basin Workforce Development Regional Planning Unit (RPU) in conjunction with all seven workforce development boards (WDBs) in the RPU. | <ul style="list-style-type: none"> • WDACS will finalize contracts with remainder of participating WDBs by May 30, 2018. • By May 1, 2018, release RFP for Countywide LA:RISE launch. |

| <p>C2 Implementation Dates: Phase 1 (County adoption of Social Enterprise Preference Program) Actual - October 2016</p> <p>Phase 2 [Complete Feasibility Study, assessing capacity of Social Enterprises to perform as Alternative Staffing Organizations (ASOs)] Target - September 2018</p> <p>Phase 3: (Place DPSS Transitional Subsidized Employment (TSE) participants with ASOs) Target - September 2018 (pending results of Phase 2)</p> <p>C7: Subsidized Employment for Homeless Adults (H)</p> <p>C7 Implementation Dates: Phase 1 (Scale LA:RISE model): Actual - July 2017</p> <p>Phase 2 (Implement LA:RISE Countywide) Target July 2018</p> | <ul style="list-style-type: none"> • Efforts to develop and expand the capacity of the region’s social enterprises (SEs) to provide LA:RISE services continue. REDF has engaged an additional four SEs, adding to the 19 SEs that were previously engaged. REDF is helping them to develop their fiscal and administrative capacity to operate as an employment social enterprise that serves homeless individuals. In addition, SE’s were invited to participate in a series of fiscal trainings on cost allocation delivered by the Auditor-Controller’s Office in partnership with WDACS. • To better allow for SE capacity building to effectively implement the LA:RISE model region-wide, the countywide launch of LA:RISE has been delayed until June 2018. • WDACS developed materials necessary for procurement of SE to roll out LA County LA:RISE. • WDACS developed a Policy and Program Directive to the AJCCs and to remaining WDBs on required tasks and instructions for implementing LA County LA:RISE, as well as all materials necessary to amend participating AJCC contracts/ WDACS’ contracts with WDBs to implement LA County LA:RISE. • Verdugo WDB proposed to serve 13 individuals with Measure H funding. To date, Verdugo has enrolled the first cohort of six individuals into their subsidized employment program and WIOA. The second and final cohort of seven individuals is scheduled to start April 9, 2018. All participants are scheduled to complete their employment program by early June 2018. • Proposals from two other WDBs were modified to reflect the revised WDB employment program for homeless individuals in March and funding will be released by May 2018. Funds will carry over so WDB’s can execute program. • WDACS hosted a Social Enterprise Outreach and Orientation event on March 22, 2018. Department representatives provided information on how an organization can be certified as an SE by the Department of Consumer and Business Affairs, the benefits of certification, and how to apply for the Request for Statement of Qualifications (RFSQ) to get on the WDACS Social Enterprise Master Agreement list. There were 37 organizations registered for the event, including for-profit, non-profit, and faith-based organizations. | <ul style="list-style-type: none"> • Release WDB Directive by May 30, 2018. • REDF will continue moving forward in identifying and assessing County-certified Social Enterprises that are primed for development into an ASO as part of the implementation of C2. | | | | | | | | | | | | | | | | |
|---|---|---|---------------|----------------|---------------|------|---|----|----|------|---|---|----|-----|---|---|---|---|
| <p>C3: Expand Targeted Recruitment and Hiring Process to Homeless/Recently Homeless People to increase Access to County Jobs</p> <p>Actual Implementation Dates: Phase I: October 2016 Phase II: May 2017</p> | <ul style="list-style-type: none"> • Utilizing the Department’s TempLA Registry, the Department of Human Resources (DHR) has increased the hiring of previously homeless individuals from 16 to 21. • Hired individuals are on temporary assignment in the following departments: DCFS (2), DHR (2), DMH (6), Probation (1), Public Library (1), DPSS (6), and Public Works (3). <table border="1" data-bbox="583 1289 1409 1443"> <thead> <tr> <th>Department Temp Assignment</th> <th>As of 9/30/17</th> <th>As of 12/31/17</th> <th>As of 3/31/18</th> </tr> </thead> <tbody> <tr> <td>DCFS</td> <td>6</td> <td>5*</td> <td>2*</td> </tr> <tr> <td>Fire</td> <td>0</td> <td>1</td> <td>0*</td> </tr> <tr> <td>DHR</td> <td>0</td> <td>2</td> <td>2</td> </tr> </tbody> </table> | Department Temp Assignment | As of 9/30/17 | As of 12/31/17 | As of 3/31/18 | DCFS | 6 | 5* | 2* | Fire | 0 | 1 | 0* | DHR | 0 | 2 | 2 | <p>DHR will continue to expand its network and outreach to Community Based Organizations (CBOs) and SE Agencies to promote County employment opportunities by developing strong and lasting partnerships with the County departments.</p> |
| Department Temp Assignment | As of 9/30/17 | As of 12/31/17 | As of 3/31/18 | | | | | | | | | | | | | | | |
| DCFS | 6 | 5* | 2* | | | | | | | | | | | | | | | |
| Fire | 0 | 1 | 0* | | | | | | | | | | | | | | | |
| DHR | 0 | 2 | 2 | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|-----------|---|---|---|----------------|---|---|---|------|---|---|---|--------------|---|---|---|--|
| | <table border="1" data-bbox="583 196 1409 354"> <tr> <td>DMH</td> <td>1</td> <td>1</td> <td>6</td> </tr> <tr> <td>Probation</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>Public Library</td> <td>0</td> <td>0</td> <td>1</td> </tr> <tr> <td>DPSS</td> <td>4</td> <td>5</td> <td>6</td> </tr> <tr> <td>Public Works</td> <td>2</td> <td>2</td> <td>3</td> </tr> </table> <p>*Decreases in number of participants occur where participants' assignments have ended.</p> <ul style="list-style-type: none"> • CEO approved the following additional departments to participate in the TempLA pilot program: Agricultural Commissioner/Weights and Measures, District Attorney, Executive Office of the Board, Public Defender, and Treasurer Tax Collector. | DMH | 1 | 1 | 6 | Probation | 0 | 0 | 1 | Public Library | 0 | 0 | 1 | DPSS | 4 | 5 | 6 | Public Works | 2 | 2 | 3 | |
| DMH | 1 | 1 | 6 | | | | | | | | | | | | | | | | | | | |
| Probation | 0 | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| Public Library | 0 | 0 | 1 | | | | | | | | | | | | | | | | | | | |
| DPSS | 4 | 5 | 6 | | | | | | | | | | | | | | | | | | | |
| Public Works | 2 | 2 | 3 | | | | | | | | | | | | | | | | | | | |
| <p>C4/C5/C6: Countywide Benefits Entitlement Services Teams (CBEST) (H):</p> <p>C4: Establish a Countywide SSI Advocacy Program for People Experiencing Homelessness or at Risk of Homelessness</p> <p>C5: Establish a Countywide Veterans Benefits Advocacy Program for Veterans Experiencing Homelessness or at Risk of Homelessness</p> <p>C6: Targeted SSI Advocacy for Inmates</p> <p><u>Actual Implementation Date:</u> April 2017</p> | <ul style="list-style-type: none"> • DHS staff, in collaboration with DPSS, DMH, and Inner-City Law Center, held a 5-day CBEST "Bootcamp" for contracted staff in January-February 2018. • Department of Military and Veterans Affairs (DMVA) provided a Veterans Benefits In-Service Training for CBEST teams in March 2018. • Veteran Benefits Screening 101 was provided for CBEST teams in March 2018. • DHS staff in collaboration with DMH and Inner-City Law Center developed new field-based methodologies to assist the CBEST advocates to strategize and complete complex disability cases, including weekly or bi-weekly case conferencing and monthly application clinics. Case conferencing includes presentation of new and complex cases by the CBEST advocates to the clinical and legal team for purposes of identifying the best strategy for each case. Application clinics occur in two SPAs each week and are focused on completing documents and conducting final quality review of applications prior to submission. • DHS continues to engage stakeholders, such as DMVA, DPSS, LASD, DMH, Social Security Administration (SSA), Veterans Administration (VA), and the California Department of Social Services (CDSS) in both monthly and quarterly meetings through various presentations and trainings on CBEST. • LA County was awarded \$17.2 million from the State of California for Housing and Disability Assistance Program (HDAP) and the Board approved acceptance of these funds on April 10, 2018. HDAP funding is available through June 2020. • DHS established referral pathways with ODR and began piloting new referral pathways for "High Level of Care" clients in Board and Care facilities. • CBEST teams launched Organizational Representative Payee Services on February 1, 2018, although actual representation is subject to approval by SSA when the first client is identified and brought into SSA offices. • DMH began co-location of CBEST-dedicated Consultation and Record Retrieval Evaluation Services clinicians in DMH directly-operated clinics. | <ul style="list-style-type: none"> • Complete coordination with Homeless Adult System of Care (targeting June 2018) • Complete coordination with Health and Mental Health Agency Systems of Care (targeting September 2018) • Complete coordination with Children's and TAY Systems of Care (targeting December 2018) | | | | | | | | | | | | | | | | | | | | |

| PROVIDE CASE MANAGEMENT AND SERVICES | | |
|--|--|--|
| <p>D1: Model Employment Retention Support Program</p> <p><u>Actual Implementation Dates:</u> Phase 1: January 2017 (DPSS Lead) Phase 2: July 2017 and on-going (WDACS Lead)</p> | <p>WDACS has continued its efforts in launching LA County's LA:RISE program and has embedded Strategy D1 in its C2/C7 strategies by including intensive employment retention as a key element of LA County LA:RISE.</p> | <ul style="list-style-type: none"> • Implementation of LA County LA:RISE in July 2018. • WDACS is working with CEO and other partners to refine a strategy for implementing the employment retention support program for all homeless-focused employment programs, countywide. An intensive strategy session is planned for summer or fall 2018. |
| <p>D2: Expand Jail In Reach (H)</p> <p><u>Actual Implementation Date:</u> January 2017</p> | <ul style="list-style-type: none"> • Monthly D2 planning/collaboration meetings were held during this quarter in conjunction with the ODR service provider monthly meetings that include the four in-reach agencies and staff from HFH, ODR, Sheriff's Department, and DHS-Correctional Health. • D2 case conference meetings implemented in the prior quarter continued during this period with each of the in-reach agencies. Individual client cases are discussed to troubleshoot and collaborate on case planning and services. Meetings are scheduled every two weeks. • New protocols were implemented at the end of this period to enhance tracking of data and program metrics. An interview worksheet was developed for agency case managers to track data metrics at client visits in the jail and the community. These are submitted weekly to the DHS D2 Clinical Social Workers. • New protocols were also implemented with HFH to allow D2 referrals for permanent supportive housing slots for clients meeting the traditional HFH eligibility criteria of chronic, complex health, or mental health conditions along with a history of utilization of DHS hospitals, emergency rooms, or clinics. • The CBEST SSI advocacy program expanded to include on-site services at LA County jail facilities and D2 staff has already started referring clients. • This reporting period marked the implementation of the change in focus of D2 from the Vulnerability Index – Service Prioritization Decision Tool (VI-SPDAT) assessments to ongoing case management and the development of a more cohesive team model between DHS D2 staff and D2 CBOs. | <ul style="list-style-type: none"> • In-reach agencies to continue recruitment for vacant case manager positions. • Complete training of new DHS Clinical Social Worker. • Further increase connections to community resources. |
| <p>D3: Supportive Service Standards for Subsidized Housing</p> <p><u>Target Implementation Date:</u> July 2018</p> | <ul style="list-style-type: none"> • A baseline matrix of supportive services and services flow chart has been drafted and needs to be reviewed by the D3 Workgroup members and updated accordingly. • LAHSA will invite the smaller public housing authorities in the County to encourage their participation in the process of developing standards for supportive services in subsidized/permanent supportive housing. | <ul style="list-style-type: none"> • LAHSA is currently working to schedule a meeting of County Department representatives and other stakeholders for May 2018. • In addition, LAHSA will set up community meetings to gather input from permanent supportive housing (PSH) provider |

| | | |
|---|---|--|
| | <ul style="list-style-type: none"> Given the importance of including all the housing authorities in the County, it is recommended that the target implementation date for both City Strategy 4E and D3 be extended to July 2018. | <p>agencies and PSH residents with lived experience.</p> |
| <p>D4: Regional Integrated Re-entry Networks – Homeless Focus (H)</p> <p><u>Target Implementation Date:</u> TBD: New date will be identified after the DHS, LASD, and CEO-HI meeting</p> | <ul style="list-style-type: none"> A proposal was submitted to the CEO-HI lead recommending that the funds be used to provide permanent supportive housing slots dedicated for individuals experiencing homelessness who are re-entering the community from jail or prison. A meeting is currently being scheduled to discuss this proposal. With large contracts being initiated for efforts through the WPC Re-entry program and ODR to serve the re-entry population through community based organizations, it is expected that there will be a sufficient supply of intensive case management services available for this population, including assistance with housing navigation. However; the main gap that exists is the lack of dedicated permanent supportive housing slots for re-entry clients experiencing homelessness. | <p>A meeting between DHS, LASD, and the CEO-HI to discuss the reprogramming proposal is forthcoming.</p> |
| <p>D5: Support for Homeless Case Managers</p> <p><u>Implementation Dates:</u> Actual: December 2016-March 2018: DMH, Public Library, Department of Consumer and Business Affairs (DCBA), Alternate Public Defender, Public Defender, and Child Support Services Department (CSSD)</p> <p>Target Summer 2018 - for remaining applicable County Departments where referrals are appropriate.</p> | <ul style="list-style-type: none"> The CEO and LAHSA continue to focus on providing individual TA to County departments implementing the referral and co-location process in coordination with the CES. DMH, Public Libraries, DCBA, Alternate Public Defender, Public Defender, and CSSD are actively submitting referrals to the CES. LAHSA and the CEO-HI held a D5 training in April 2018 and will host another in May 2018 for County department staff. A new older adults pilot between the CES outreach agencies and four meal sites operated by WDACS and the City of LA Aging Department will be implemented in May 2018. The purpose is to connect older adults accessing meal programs with the homeless services delivery system. | <ul style="list-style-type: none"> D5 trainings will continue so County department staff can make referrals for homeless clients. The older adults pilot will continue to allow the partners to explore ways in which the older adults system and homeless services system can support one another. Two CES providers will be co-located at the central WDACS Adult Protective Services site. |
| <p>D6: Criminal Record Clearing Project (H)</p> <p><u>Actual Implementation Date:</u> January 2018</p> | <ul style="list-style-type: none"> During this reporting period, 18 record clearing projects were convened at community-based and government agencies and Homeless Connect events throughout the County. A total of 115 total Petitions for Dismissal/Reduction were submitted and 53 were granted. During this reporting period, the Public Defender purchased and equipped two vehicles to be available for various events and locations across the County to clear criminal records. | <ul style="list-style-type: none"> Formalize a collaboration with the LA City Attorney's Office Homeless Court program under Strategy D6. Continue to schedule criminal record clearing events with CBOs and government agencies Continue development of Homelessness status data field in the Client Case |

| | | |
|--|--|---|
| | | <p>Management System and integration of HMIS Data with current data base.</p> <ul style="list-style-type: none"> • Continue collaboration with D5 (Support for Case Managers) strategy leads to ensure D6 clients benefit from D5 case management processes. • The two vehicles will be ready for use in mid-May 2018. |
| <p>D7: Provide Services and Rental Subsidies for Permanent Supportive Housing (PSH)</p> <p><u>Actual Implemented Date:</u> July 2017</p> | <ul style="list-style-type: none"> • DHS entered into 21 new Intensive Case Management Services (ICMS) work orders. • DMH finalized recommendations for Housing Full Service Partnerships (FSP) contracts. • DPH-SAPC has completed the recommended contract augmentation amounts for the Client Engagement and Navigation Services (CENS) providers. • DPH-SAPC has also developed a referral form that will be used by DMH, DHS and PSH staff for requesting SUD screenings and referrals. | <ul style="list-style-type: none"> • DPH-SAPC will complete augmentations to service contracts by the third quarter of Fiscal Year (FY) 2017-18. Upon approval, DPH-SAPC will start implementing services at PSH sites. • In collaboration with the strategy co-leads, DPH-SAPC will be selecting the CENS providers during the third quarter of FY 2017-2018. Implementation plans will be finalized including targets, development of the CENS D7 Protocol, and launch CENS services at PSH sites. • The Health Agency has received an allocation of tenant-based Section 8 vouchers from HACLA. A plan to release these vouchers will be created to continue to meet the goals of D7. |
| <p>CREATE A COORDINATED SYSTEM</p> | | |
| <p>E1: Advocate with Relevant Federal and State Agencies to Streamline Applicable Administrative Processes for SSI and Veterans Benefits</p> <p><u>Actual Implementation Dates:</u> Advocacy with SSA – April 2017 Advocacy with VA – December 2017</p> | <ul style="list-style-type: none"> • HI Team member appointed to West Los Angeles Veterans Affairs (West LA VA) Campus Oversight and Engagement Board continues to participate as ex-officio Board member and provide input on the development of the West LA VA campus to strengthen access and connection to resources. • CBEST continues collaboration with the SSA to maximize effectiveness of working relationship with SSA and streamline SSI application process for disabled homeless individuals. | <ul style="list-style-type: none"> • Continue collaboration with SSA and monitoring of administrative processes developed for CBEST. • Continued collaboration with VA, DMVA, veterans' service organizations, and DHS to continue exploring opportunities for enhanced partnership and collaboration to identify specific opportunities to streamline processes for applications for Veterans benefits. |

| | | |
|--|---|--|
| <p>E2: Drug Medi-Cal Organized Delivery System for Substance Use Disorder Treatment Services <u>Actual Implementation Date:</u> July 2017</p> | <ul style="list-style-type: none"> • DPH-SAPC continued to engage in a range of implementation activities for the Drug Medi-Cal Organized Delivery System (DMC-ODS) including mandatory treatment provider meetings, which are held monthly to deliver technical assistance and training, disseminate system-level changes, describe treatment standards and expectations, and offer the provider network an opportunity to communicate successes and challenges with System Transformation to Advance Recovery and Treatment through an Organized Delivery System (START-ODS) operations. • Participants included network providers, SB 82 Learning Collaborative, California Institute for Behavioral Health Solutions (CIBHS), and Learning Collaborative consisting of provider agencies. | <p>DPH-SAPC will continue to work with CIBHS to conduct regional workshops and individualized technical assistance to providers to support: 1) obtaining DMC-certification; and 2) improving business capacity and treatment delivery.</p> |
| <p>E3: Creating Partnerships for Effective Access and Utilization of ACA Services by People Experiencing Homelessness <u>Target Implementation Dates:</u> The remaining WPC program components will be implemented in Summer 2018. Strategies involving Health Home opportunities will be implemented in 2019.</p> | <ul style="list-style-type: none"> • Fifteen out of 16 WPC programs are implemented, including five for high-risk homeless populations, two for justice-involved populations, three for individuals with serious mental illnesses, programs for high-risk pregnant woman, individuals with substance use disorder and those with chronic medical conditions who have frequent hospital admissions, and a legal medical partnership program. • Medical Legal Partnership has been launched. WPC’s partner attorneys, coordinated through the lead agency, Neighborhood Legal Services of Los Angeles, work with care team members to address participants’ legal issues related to housing, public benefits, family law, health care access, income, food stability, etc. • The Comprehensive Health Accompaniment and Management Platform (CHAMP), which contains WPC enrollments, demographics, screens and assessments, care plans, and program-related encounter information, continues to undergo design improvements with the goal to streamline the client platform to reduce barriers for program placement, improve client care, and increase data quality. • Data use agreements with the Health Plans are almost finalized and will be modified for CBOs. | <ul style="list-style-type: none"> • The WPC juvenile justice program will be implemented in the next few months. • Integration of the WPC and HFH’s CHAMP databases will be finalized. • Program improvement efforts across all WPC programs to build capacity, increase enrollments, and improve care coordination will continue. |
| <p>E4: First Responders training <u>Actual Implementation Date:</u> October 2016</p> | <ul style="list-style-type: none"> • A First Responders curriculum follow-up meeting was convened with LAHSA to discuss the training curriculum overview. • LAHSA and LASD meet quarterly to review process/curriculum to ensure continued efficacy of the training and LAHSA’s role co-teaching Module One, “Understanding the Homeless.” • During this reporting period LASD’s Homeless Outreach Services Team (HOST) conducted nine training sessions with LASD patrol personnel, various local law enforcement agencies, and Los Angeles City staff. • During this reporting period, HOST lead Sheriff lieutenant attended meetings with LASD station personnel, local law enforcement agencies, State law enforcement, local business leaders, city councils, and city staff, and spoke on four panels to educate attendees about available outreach services and First Responders Training. | <ul style="list-style-type: none"> • Additional HOST trainings have been scheduled for April 11 and 25; May 9, 23 and 30; and June 13, 2018. • The Homeless First Responder training session, conducted as a part of Patrol School was held for the first time on November 27, 2017. An additional class will take place on May 8, 2018. |

| | | |
|---|---|---|
| <p>E5: Decriminalization Policy</p> <p><u>Actual Implementation Date:</u> January 2017</p> | <p>LASD's Homeless Policy implemented on January 1, 2017.</p> | <p>LASD will continue to disseminate Homeless Policy and Newsletter to all Department personnel.</p> |
| <p>E6: Countywide Outreach System (H)</p> <p><u>Actual Implementation Date:</u> March 2017</p> | <ul style="list-style-type: none"> • LAHSA and the Health Agency continued to host meetings with E6 contract agencies to discuss multi-disciplinary team (MDT) implementation and outreach coordination plans for each SPA to develop a comprehensive plan to ensure coverage of the entire SPA and to enhance outreach coordination. • LAHSA completed the design and internal testing of the Los Angeles Homeless Outreach Portal (LA-HOP) in mid-March. Training for the portal was held in late March for more than 250 outreach workers and all Outreach Coordinators. A webinar/training was conducted in March 2018, which was recorded and a manual was created to enable new outreach team members to be trained. • The Health Agency and LAHSA continued to meet with County and City Departments and other key partners to discuss ways to better work together and provide outreach capacity. For example: <ul style="list-style-type: none"> ○ accessing interim/bridge/crisis housing beds and linking to DMH services; ○ coordinating street-based teams and DPH nurses to provide Hepatitis A education and vaccination across all SPAs; and ○ working closely with LA County and City Fire to address Fire Safety issues in both Very High Fire Hazard Severity Zones and other areas of concern. • On March 15, 2018, LAHSA and the Health Agency had the kick-off meeting to plan collaborative training for all newly- hired Homeless Engagement Teams (HETs), MDT and SB 82 Mobile Triage Team members with a goal of shared foundational training and reinforcement of coordination and collaboration for all teams. • E6 Outreach Coordinators, LAHSA Outreach coordinator and other outreach teams, participated in the CEO-HI's workgroup on the planning and implementation of expanded outreach along the Alameda Transportation Corridor. • As of March 31, 2018, 26 MDTs and 7 Public Space Generalist Teams (of two staff) were operating Countywide with a goal of ramping up to 36 MDT's and 20 Public Space Generalist Teams by June 30, 2018. • As of March 31, 2018, LAHSA's Access and Engagement (A&E) department had hired 95% of its Measure H expansion positions, with an additional 5% currently identified and in the hiring process. | <ul style="list-style-type: none"> • Hiring of new E6 staff will continue as will trainings for new staff, and technical assistance sessions for providers. • The next MDT Learning Collaborative is scheduled for May 14, 2018 for a training entitled "Burnout Prevention: Compassion Fatigue, Vicarious Trauma and Self Care in Helping Professionals". On June 21, 2018, the Health Agency Learning Collaborative will offer a Human Trafficking training. • The Health Agency and LAHSA will continue to plan and implement collaborative training strategies for all outreach staff including those not funded under Measure H, which provides a shared training foundation and increased collaboration and coordination. • The Health Agency and LAHSA will continue to explore with stakeholders how to best deploy outreach teams to strategically cover the entire County. • The Health Agency and LAHSA will continue to look at ways to harness data and mapping to better deploy resources, create better strategies, and evaluate the work. • The Health Agency and LAHSA will meet with DMH leadership to finalize outreach flow and intersections with DMH navigators and referral systems to DMH services. |

| | | |
|---|--|---|
| <p>E7: Strengthen the Coordinated Entry System (H)</p> <p><u>Actual Implementation Date:</u> July 2017</p> | <ul style="list-style-type: none"> • Contracts were awarded that included Legal Services for all populations. • Funding was approved for representative payee and housing location providers. • LAHSA conducted a bidder's conference for procurement of Housing Location and Representative Payee services. • With the support of national TA, LAHSA continues to work with the community for input as LAHSA works to create a set of policies for the CES. The access and assessment policies have been approved. The CES Policy Council is currently deliberating on prioritization policies. • An on-line training portal has been launched to support enrollments into the Centralized Training Academy and allows agencies to track the training needs of staff. • Homeless services and DV services agencies provided input to complete the DV Coordinators Scope of Work. | <ul style="list-style-type: none"> • CES Policy Council will review prioritization and matching policies for approval in May. • Vendors were approved through the 2017 Capacity Building Technical Assistance Professional Services Request for Bids. As Organization Capacity Building Technical Assistance Applications are awarded, LAHSA will begin to enter into master contracting agreements with vendors. LAHSA anticipates beginning the master contracting process by the end of the fiscal year. |
| <p>E8: Enhance the Emergency Shelter System (H)</p> <p><u>Actual Implementation Date:</u> October 2016</p> | <ul style="list-style-type: none"> • In February 2018, LAHSA awarded new funding to increase shelter capacity, including: 302 new Crisis and Bridge Housing beds for Youth and Single Adults; and 115 new beds of Bridge Housing for Women. • LAHSA implemented the Active Contract Management model that for all the program components that LAHSA funds. This model includes analysis of all contracted Crisis and Bridge Housing programs that will be followed by TA. • All awarded providers are receiving TA to evaluate their current pet policies in order to improve sheltering accommodations for clients with pets and service animals. • The Shelter Bed Availability System is operating as a computer application built into LAHSA's MyOrg platform; it displays available shelter beds in the county to ease referral processes. The pilot phase launched in April. • DMH, DHS, and LAHSA have hired dedicated staff to receive and route shelter program referrals, facilitating placement into Health Agency and LAHSA-funded Interim and Bridge Housing programs. • DHS-HFH continued to provide trainings and guidance to the interim housing providers in collaboration with the DHS-ODR. Topics included trauma informed care, medication adherence, working with difficult clients, de-escalation strategies and implementation. In addition, they provided trainings with DPSS on assisting clients with obtaining Medi-Cal benefits. | <ul style="list-style-type: none"> • Funding decisions will be made to support capital projects to increase the number of shelter beds. • The Shelter Bed Availability System will be fully implemented in May 2018. |
| <p>E9: Discharge Data Tracking System</p> <p><u>Actual Implementation Date:</u> June 2017</p> | <ul style="list-style-type: none"> • LAHSA continued migration to Clarity HMIS: Remaining historical records (including uploaded documents and photos) were provided to the HMIS vendor and is in the quality review phase prior to being appended into the system for all users. LAHSA is in the final stages of data migration to Clarity HMIS. • E9 lead is in the process of approving agreements with County departments required to allow them and their contracted providers limited access to HMIS and addressing HUD questions | <ul style="list-style-type: none"> • LAHSA has built flags into the HMIS system to track 5% list of heavy users and additional indicators necessary to better coordinate discharge. • Continue engaging hospitals, jails, LASD, DCFS, etc. to discuss opportunities for |

| | | |
|---|--|--|
| | <p>on levels of access for County departments, such as DCFS and Probation, to enable those departments to gain access to HMIS.</p> <ul style="list-style-type: none"> • A meeting was convened to discuss AB210 and potential avenues for centralized access to data. | <p>leveraging HMIS data to support discharge planning.</p> <ul style="list-style-type: none"> • Begin incorporating the Justice-SPDAT, specific to the youth justice-involved population, into HMIS. |
| <p>E10: Regional Coordination of Los Angeles County Housing Authorities</p> <p><u>Actual Implementation Date:</u> May 2016</p> | <ul style="list-style-type: none"> • The next meeting between HACoLA and the Public Housing Authorities (PHAs) of the cities of Los Angeles, Burbank, Pasadena, Glendale, Compton, Hawthorne, Santa Monica, and Norwalk is scheduled for April 30, 2018. | <ul style="list-style-type: none"> • Continuation of quarterly meetings with PHAs to discuss strategies, share Measure H tools and success stories, and identify areas of collaboration to combat homelessness in Los Angeles County. • Continue to encourage PHAs to commit vouchers to Strategy B4 and enter into VASH Interagency Agreements. |
| <p>E11: County Specialist Support Team</p> <p><u>Actual Implementation Date:</u> December 2017</p> | <ul style="list-style-type: none"> • The Super Connect team has started using the 5% list to identify the primary case manager/service provider (whenever possible) to offer assistance in securing housing and services to stabilize these individuals. • Super Connect has conducted 12 trainings for various County departments and community service providers to inform them of the Super Connect mission/referral process. • Super Connect has developed a template for tracking and analyzing the various dispositions of the cases. | <p>The Super Connect team will continue to work on trouble-shooting and facilitating multi-departmental and agency coordination for the 5% clients to secure housing and services.</p> |
| <p>E12: Enhanced Data Sharing and Tracking</p> <p><u>Actual Implementation Date:</u> June 2017</p> | <ul style="list-style-type: none"> • The CEO-Research and Evaluation Services (CEO-RES) facilitated further conversations with analysts from the University of Chicago and the University of California, Los Angeles (UCLA) who had previously demonstrated the functionality and results of predictive models they developed. CEO-RES and CEO-HI agreed to move forward with utilizing the models to enhance the 5% prioritization process for heavy users of County services. • CEO-RES is working with Departments to determine which information will be shared in the next 5% list, given new authority under AB 210. | <ul style="list-style-type: none"> • The University of Chicago and UCLA analysts will present at a Homeless Policy Board Deputies meeting in May 2018. • Generate enhanced 5% files for departments by July 2018. |
| <p>E13: Coordination of Funding for Supportive Housing</p> <p><u>Target Implementation Date:</u> September 2018</p> | <ul style="list-style-type: none"> • The E13 workgroup continues to meet quarterly to discuss coordination of funding. The last meeting was held on March 13, 2018. • Universal application for CDC/HACoLA, Housing and Community Investment Department (HCID), and HACLA is in the process of being finalized. HCID is taking the lead on the Universal application and is currently working to develop a mechanism for transferring funds from CDC/HACoLA to HCID for development and on-going maintenance. | <p>HACoLA may need to draft an MOU with HCID for on-going maintenance of Application. Application is expected to be up and running within 4-6 months.</p> |

| | | |
|---|---|---|
| <p>E14: Enhanced Services for Transition Age Youth (H)</p> <p><u>Implementation Dates:</u> Phase 1: Actual - August 2016 Phase 2: Actual - September 2016 Phase 3: Target - TBD Phase 4: Actual - October 2016</p> | <ul style="list-style-type: none"> ● Phase 1: Work with the Los Angeles Coalition to End Youth Homelessness (LACEYH) <ul style="list-style-type: none"> ○ On an on-going basis, both LAHSA and the CEO-HI continue to engage with LACEYH and make connections to County Departments and services available through mainstream systems. LACEYH was also consulted and provided input on Measure H funding request for FY 2018-19. ○ LACEYH also provided Letter of Support to LAHSA for the HUD Youth Homeless Demonstration Program (YHDP) focused on enhancing services for TAY. ● Phase 2: Support the Enhancement of the Youth CES <ul style="list-style-type: none"> ○ Pilot in development with WDACS to link youth housed in RRH to employment. Implementation was delayed to align and leverage implementation of Strategies C2/C7 by WDACS. ○ LAHSA finalized contract with LA County Office of Education (LACOE) to provide CES Liaisons to coordinate education resources with CES. Implementation began in August 2017, with all SPAs targeted for implementation by June 2018. ○ Youth Collaboration is on-going through LAHSA's lived experience advisory group for youth, which was named the Homeless Youth Forum of LA (HYFLA). ○ Youth Regional Coordinators are enhancing regional connections to CESY. ● Phase 3 - Design a Youth Housing Stability Pilot <ul style="list-style-type: none"> ○ Measure H funding approved in Strategy E14 for CES Education Liaisons. A screening and referral form used by education agencies to connect youth to CESY was drafted by LACOE and LAUSD in December 2017 and will be finalized by June 2018. Upon LACOE Education Liaisons being fully implemented, educational liaisons will help inform how best to implement the Housing Stability Pilot in school districts. ○ Discussion is on-going around the best way to implement this component with one or more County departments and a CBO that is not connected to the homeless services delivery system, but focuses on serving youth. ● Phase 4 - Expand programs providing housing navigation, access/drop-in centers, shelter, aftercare/case management and transitional housing for youth. <ul style="list-style-type: none"> ○ Procurement for youth family reconnection started in October 2017, with proposals reviewed and scored in December 2017, and an expected start date of May 2018. ○ Preliminary conversations for determining an appropriate procurement strategy for youth drop-in center enhancements are in progress, with procurement expected to begin in or around June 2018. | <ul style="list-style-type: none"> ● Continue to monitor and provide support for system pilots launched in November 2017 with DCFS and Probation to increase coordination with Youth CES and discharge planning for youth exiting dependent care. ● Continue to monitor shelter and housing navigation contracts, which began providing services in December 2017. ● HYFLA will partner with the True Colors Fund to conduct a launch event promoting the first inaugural Youth Empowerment Forum, planned to take place in Fall 2018, which will focus on youth empowerment and best practices in serving youth experiencing homelessness. ● Finalized screening tool and referral form will be implemented in Q10 at education and workforce development partners, among others. ● SPA-level cross-trainings will take place in next quarter with CESY lead agencies, colleges and universities to strengthen connections between CESY and higher education. The trainings will identify strategies for better identifying postsecondary students experiencing homelessness and connecting them to CESY, and for connecting CESY participants to postsecondary education opportunities. ● Ongoing monitoring of Youth Family Reconnection programs starting in May 2018. ● LAHSA will develop an RFP to add new Transitional Housing, including Host Homes, during Year Two of |
|---|---|---|

| | | |
|--|--|--|
| | | Measure H, pending approval from the Board of Supervisors of the Year Two funding recommendations. |
| <p>E15: Homeless Voter Registration and Access to Vital Records</p> <p><u>Actual Implementation Date:</u> January 2017</p> | <ul style="list-style-type: none"> • During this quarter, the Registrar-Recorder/County Clerk (RR/CC) participated in four Homeless Connect days offering information on how to obtain birth certificates using a fee waiver, voter registration opportunities, and election information. • RR/CC also provided training to the Probation Youth Cam staff and ACLU of Southern California to promote voter pre-registration and registration opportunities and how to register their clients and community members. • During the past six months, the RR/CC has processed approximately 2,400 birth certificates using Affidavit of Homeless Status for Fee Exempt Certified Copy of Birth Certificate waivers. The waiver allows homeless individuals to obtain birth certificates free of charge. • Currently, the RR/CC has approximately 1,600 active homeless voters in the voter database, which represents an increase of roughly 300% from the onset of the Homeless Initiative. | <ul style="list-style-type: none"> • RR/CC will continue to promote voter education and civic engagement with homeless services agencies including Homeless Connect Days. • RR/CC will continue to outreach to new community partners and explore more opportunities with current partners, with emphasis on the upcoming 2018 elections. • RR/CC will further enhance current program to improve registration of justice-involved populations by partnering with ODR, LASD, Probation, ACLU and other agencies/stakeholders. |
| <p>E16: Affordable Care Act Opportunities</p> <p><u>Implementation Dates:</u> Actual: July 2017 Health Homes: Targeted for 2019</p> | <ul style="list-style-type: none"> • The County's WPC budget rollover request has been approved by the State. • DHS continued partnerships with health plans, clinics, and hospitals to better serve WPC clients. • DHS implemented Popular Education seminars for Community Health Workers and internal WPC personnel, which focuses on building capacity and community organizing. • DHS formed a Medi-Cal working group to standardize Medi-Cal training for Community Health Workers. | <ul style="list-style-type: none"> • DHS will begin implementation of new items approved by the State for budget rollover to support various clinical programs and IT integration efforts with other platforms. • Hiring will continue to be a focused activity for WPC. |
| <p>E17: Regional Homelessness Advisory Council (RHAC) and Implementation Coordination</p> <p><u>Actual Implementation Date:</u> February 2017</p> | <p>The RHAC met on February 1, 2018 and reviewed the Adult CES dashboard, and discussed Measure H implementation and a common messaging framework.</p> | <p>The RHAC will meet quarterly in 2018 in June, September, and December.</p> |
| <p>INCREASE AFFORDABLE/HOMELESS HOUSING</p> | | |
| <p>F1: Promote Regional SB 2 Compliance</p> | <p>Completed as of January 31, 2018.</p> | <p>The SB 2 Guide will continue to be a resource for cities that are working toward SB 2 compliance.</p> |

| | | |
|---|--|---|
| <p><u>Actual Implementation Date:</u> November 2016</p> | | |
| <p>F2: Linkage Fee Nexus Study and F5: Incentive Zoning/Value Capture Strategies</p> <p><u>Actual Implementation Date:</u> January 2018</p> | <p>Completed as of January 31, 2018.</p> | <p>DRP continues to work on four housing ordinances initiated by the Board of Supervisors on February 20, 2018:</p> <ul style="list-style-type: none"> o Homeless Housing Ordinance; o Inclusionary Housing Ordinance; o Affordable Housing Preservation Ordinance; and o By-right Housing Ordinance. |
| <p>F3: Support for Inclusionary Zoning for Affordable Rental Units</p> <p><u>Actual Implementation Date:</u> March 2016</p> | <p>County-supported AB 1505 took effect on January 1, 2018. Following the passage of AB 1505, the Board instructed DRP to develop an Inclusionary Housing Ordinance for the unincorporated areas.</p> | <p>As part of the housing ordinances initiated by the Board of Supervisors on February 20, 2018, DRP has begun preparation to develop an Inclusionary Housing Ordinance.</p> |
| <p>F4: Development of Second Dwelling Unit Pilot Project</p> <p><u>Actual Implementation Date:</u> August 2017</p> | <ul style="list-style-type: none"> • CDC and its consultant, LA-Más, accomplished the following implementation activities: <ul style="list-style-type: none"> o The Accessory Dwelling Unit (ADU) Pilot Program logo and brochure were drafted in January 2018. o Contract executed in February 2018 with LA-Más Inc. as technical consultant for the development of new ADUs. o CDC held internal meetings with Construction Management Unit in February to go over procedure to determine feasibility and cost estimates on site visits. o Working from an interest list of homeowners developed by DRP, LA-Más outreached to 501 people on the list in February. LA-Más narrowed down the list to confirm which responses were in Unincorporated County. o As of March 30, 2018, CDC received 15 responses out of 43 applicants surveyed for unpermitted ADUs on the CDC interest list, which included referrals from DRP, DPW, the Residential Sound Insulation Program, and the Single-Family Housing Improvement Program. • The Arts Commission's Civic Art program accomplished the following implementation activities: <ul style="list-style-type: none"> o Developed three ADU-related events with community partners for Spring 2018 o Developed an exhibition of select design competition submittals, including didactic texts and graphic identity o The Arts Commission Civic Art program has confirmed the following events: <ul style="list-style-type: none"> ▪ YES to ADU: Awards Event and Exhibition - April 27, 2018 | <ul style="list-style-type: none"> • The Board is expected to hear the ADU ordinance on May 22, 2018. • Create a permanent ADU Pilot Project web page on CDC's website. • Final selection of up to three owners for the construction of a new ADU. • Final selection of up to three owners for the construction of an unpermitted ADU. • The Arts Commission Civic Art program has confirmed the next YES to ADU event: Panel and Exhibition - Innovative Solutions to Building ADUs - May 24, 2018. |

| | | |
|---|--|--|
| | <ul style="list-style-type: none"> ▪ YES to ADU: Talleres Publicos and Exhibition - Reimagine Your Backyards with ADUs - May 5, 2018 | |
| <p>F6: Use of Public Land for Homeless Housing</p> <p><u>Target Implementation Date:</u> Mid- 2018</p> | <p>CEO Asset Management Branch and Homeless Initiative staff met to discuss potential County property for use for homeless housing and potential safe overnight parking. On March 28, 2018, the Homeless Initiative reported to the Board on safe parking needs and programmatic issues.</p> | <ul style="list-style-type: none"> • County property for housing: CEO to obtain approval of Board offices for use of county property for homeless housing. • County property for potential use as safe overnight parking, if directed by the Board of Supervisors: <ul style="list-style-type: none"> ○ Develop operating policies and procedures for safe parking program; ○ Identify potential sites and assess zoning and land use restrictions; ○ Board approve use of selected sites for pilot and safe parking program policies and procedures; and ○ Pilot evaluated and operating policies and procedure modified, if needed. |
| <p>F7: Preserve and Promote the Development of Affordable Housing for Homeless Families and Individuals (H)</p> <p><u>Actual Implementation Date:</u> January 2018</p> | <p>The following five projects from Notice of Funding Applications (NOFA) 23-A are scheduled to receive Measure H funds:</p> <ol style="list-style-type: none"> 1. PATH Villas at South Gate 2. Kensington Campus (awarded 4% tax credits and expected to close construction financing by June 2018) 3. The Spark at Midtown 4. Florence Apartments 5. Sun Commons | <ul style="list-style-type: none"> • PATH Villas at South Gate applied for 9% tax credits in February 2018 and will learn the outcome in June 2018. • The Spark at Midtown and Florence Apartments applied for Affordable Housing and Sustainable Communities funding and will learn the outcome in May 2018. • Sun Commons is expected to apply for 9% tax credits in June 2018. |
| <p>F7: One-time Housing Innovation Fund (H)</p> <p><u>Target Implementation Dates:</u> RFP release: June 2018 Selection of winning proposals: November 2018</p> | <ul style="list-style-type: none"> • The Board approved the outline of the solicitation process and delegated authority to the CEO to execute contracts with selected bidders on February 13, 2018. • The Housing Innovation Fund Competition application and trait scoring rubric have been drafted and are under review by CDC and County Counsel. • CEO is currently working with the consultant to finalize the application, draft content for the website, and recruit the evaluation panel. | <ul style="list-style-type: none"> • Finalize application • Complete website content • Finalize legal provisions and contract terms • Recruit and select judges for the evaluation panel • Release RFP |

Acronyms

| | | | |
|---------|---|-------------|--|
| ACA | Affordable Care Act | HUD | U.S. Department of Housing and Urban Development |
| ADU | Accessory Dwelling Unit | IAR | Interim Assistance Reimbursement |
| AJCC | America's Job Center of California | ICMS | Intensive Case Management Services |
| ASO | Alternative Staffing Organization | IPV | Intimate Partner Violence |
| CBEST | Countywide Benefits Entitlement Services Teams | LACAC | Los Angeles County Arts Commission |
| CBO | Community Based Organization | LACEYH | Los Angeles Coalition to End Youth Homelessness |
| CDC | Community Development Corporation | LACOE | Los Angeles County Office of Education |
| CES | Coordinated Entry System | LAHSA | Los Angeles Homeless Service Authority |
| CEO | Chief Executive Office | LAC LA-RISE | LA County LA:RISE |
| CENS | Client Engagement and Navigation Services | LASD | Los Angeles Sheriff Department |
| CoC | Continuum of Care | MDT | Multidisciplinary Team |
| COG | Council of Governments | NOFA | Notice of Funding Availability |
| DCFS | Department of Children and Family Services | ODR | Office of Diversion and Re-entry |
| DHR | Department of Human Resources | PD | Public Defender |
| DHS | Department of Health Services | PH | Permanent Housing |
| DMC-ODS | Drug Medi-Cal Organized Delivery System | PHA | Public Housing Authority |
| DMH | Department of Mental Health | PSH | Permanent Supportive Housing |
| DMVA | Department of Military and Veteran's Affairs | RBH | Recovery Bridge Housing |
| DPH | Department of Public Health | RCB-ICMS | Reentry Community-Based Intensive Case Management |
| DPSS | Department of Public Social Services | REDF | Roberts Enterprise Development Fund |
| DPW | Department of Public Works | RES | Research and Evaluation Services |
| DRP | Department of Regional Planning | RHAC | Regional Homelessness Advisory Council |
| DV | Domestic Violence | RRH | Rapid Re-Housing |
| ERT | Emergency Response Team | RR/CC | Registrar Recorder/County Clerk |
| E-TSE | Enhanced Transitional Subsidized Employment | SAPC | Substance Abuse Prevention and Control |
| FSC | Family Solutions Center | SEA | Social Enterprise Agency |
| FSP | Full Service Partnership | SPA | Service Planning Area |
| GR | General Relief | SSA | Social Security Administration |
| HACLA | Housing Authority of City of Los Angeles | SSI | Supplemental Security Income |
| HACoLA | Housing Authority of County of Los Angeles | START-ODS | System Transformation to Advance Recovery and Treatment through an Organized Delivery System |
| HASC | Hospital Association of Southern California | TAY | Transition Age Youth |
| HCID-LA | Los Angeles Housing and Community Investment Department | TSE | Transitional Subsidized Employment |
| HCV | Housing Choice Voucher | VA | Veterans Administration |
| HIP | Housing Incentive Program | VI-SPDAT | Vulnerability Index – Service Prioritization Decision Tool |
| HJC | Housing and Jobs Collaborative | WDACS | Workforce Development Aging and Community Services |
| HMIS | Homeless Management Information System | WIOA | Workforce Innovation and Opportunity Act |

**Homeless Initiative Performance Data by Strategy
July 2017 - March 2018 (unless otherwise noted)**

| Strategy | Metric | QR8 Data (July 2017 - December 2017) | QR 9 Data (July 2017 - March 2018) |
|---|--|---|---|
| A1: Homeless Prevention Program for Families | Percentage of A1 participant families that exit the program who retain their housing or transition directly into other permanent housing | 73% (143/197) | 73% (219/300) |
| B1: Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI | Number of B1 participants who secured housing with B1 subsidy | 483 | 802 |
| | Percentage of enrolled B1 participants who secured housing with B1 subsidy | 36% | 33% |
| | Number of B1 participants approved for SSI | 23 | 42 |
| B3: Partner with Cities to Expand Rapid Re-Housing | Number of participants newly enrolled in B3 | 6,793 | 9,282 |
| | Number of participants currently enrolled in B3 | 13,992 | 16,135 |
| | Number of B3 participants that moved into housing during the reporting period | 1,223 | 1,750 |
| | Number of B3 participants that exited the rapid re-housing (RRH) program to a permanent housing destination | 1,329 (out of 3,159 exits from RRH in the reporting period) = 42% | 2,012 (out of 4,507 exits from RRH in the reporting period) = 45% |
| | Number of B3 participants who obtained employment | 423 | 579 |
| | Number of B3 participants who obtained benefits | 258 | 330 |
| B4: Facilitate Utilization of Federal Housing Subsidies | Number of landlord/community engagement events held | 13 | 24 |
| | Number of landlord requests to participate in Homeless Incentive Program (HIP) | 193 | 323 |
| | Number of incentives provided to landlords | 170 | 589 |
| | Amount of incentives provided to landlords | \$233,998 | \$880,686 |

*Some of the outcomes previously reported in QR8 have changed due to data lag and other revisions.

**Homeless Initiative Performance Data by Strategy
July 2017 - March 2018 (unless otherwise noted)**

| Strategy | Metric | QR8 Data (July 2017 - December 2017) | QR 9 Data (July 2017 - March 2018) |
|--|--|--|--|
| B4: Facilitate Utilization of Federal Housing Subsidies | Number of units leased with HIP incentives (by bedroom size) | Total: 157 Bedroom sizes: 0= 20; 1= 60; 2= 53; 3= 19; 4= 4 and 5= 1 | Total: 403 Bedroom sizes: SRO= 2; 0= 51; 1= 186; 2= 120; 3= 30; 4= 8; 5= 6 |
| | Number of security deposits paid | 138 | 198 |
| | Amount of security deposits paid | \$222,030 | \$442,224 |
| | Number of utility deposits/connection fees paid | 8 | 12 |
| | Amount of utility deposits/connection fees paid | \$1,101 | \$2,068 |
| | Number of rental application and credit check fees paid | 19 | 32 |
| B6: Family Reunification Housing Subsidy | Number of B6 participant families placed in housing | 46 (Data for 1/1/17 - 12/15/17) | 55 (Data for 1/1/17- 3/31/17) |
| B7: Interim/Bridge Housing for Those Exiting Institutions | Number of individuals who have been served with B7- funded interim/bridge housing. | 811 | 1437 |
| | Breakdown of the institution from which individuals who were served in interim/bridge housing were discharged <i>(Sum of categories does not equal total number because some individuals have multiple enrollments and/or came from different places prior to enrollment.)</i> | Hospitals – 155 Jail/Prison/ Juvenile Detention Center – 378 Other – 281 | Hospitals - 243 Jail/Prison/ Juvenile Detention Center - 758 Other - 441 |

**Homeless Initiative Performance Data by Strategy
July 2017 - March 2018 (unless otherwise noted)**

| Strategy | Metric | QR8 Data (July 2017 - December 2017) | QR 9 Data (July 2017 - March 2018) |
|--|--|---|---|
| B7: Interim/Bridge Housing for Those Exiting Institutions | Number of B7 participants who exit to a permanent housing destination | 81 | 197 |
| C1: Enhance the CalWORKs Subsidized Employment Program for Homeless Families | Number of C1 participants who are engaged in subsidized employment | 146 | 210 |
| | Number of C1 participants who are placed in unsubsidized employment | 2 | 26 |
| C2/C7: Increase Employment for Homeless Adults by Supporting Social Enterprise | Number of C2/C7 participants enrolled in Transitional Employment (Newly Placed) | 142 | 332 |
| | Number of C2/C7 participants placed in unsubsidized employment (Newly Placed) | 27 | 35 |
| | Number of DPSS GR Participants served by C2/C7 (Newly Enrolled) | 57 | 95 |
| C3: Expand Targeted Recruitment and Hiring Process to Homeless/Recently Homeless People to Increase Access to County Jobs | Number of individuals at risk of or experiencing homelessness who were hired into county positions | 16 | 21 |
| C4: Establish a Countywide SSI Advocacy Program for People Experiencing Homelessness or at Risk of Homelessness | Number of individuals newly enrolled in C4 program | 4,062 | 5,264 |
| | Number of individuals currently enrolled in C4 program | 4,767 | 5,889 |
| | Number of C4 participants approved for SSI benefits | 23 | 54 |
| | Number of C4 participants who are linked to and have access to mental health services | 998 | 1,035 |
| | Number of C4 participants who are linked to and have access to health services | 1,156 | 1,184 |

**Homeless Initiative Performance Data by Strategy
July 2017 - March 2018 (unless otherwise noted)**

| Strategy | Metric | QR8 Data (July 2017 - December 2017) | QR 9 Data (July 2017 - March 2018) |
|--|---|---|---|
| C5: Establish a Countywide Veterans Benefits Advocacy Program for Vets Experiencing Homelessness or at Risk of Homelessness | Number of individuals newly enrolled in C5 program | 188 | 297 |
| | Number of individuals currently enrolled in C5 program | 215 | 312 |
| | Number of C5 participants approved for Veterans benefits | 1 | 8 |
| | Number of C5 participants approved for SSI benefits | 1 | 2 |
| | Number of C5 participants who are linked to and have access to mental health services | 51 | 59 |
| | Number of C5 participants who are linked to and have access to health services | 53 | 61 |
| C6: Targeted SSI Advocacy for Inmates | Number of individuals newly enrolled in C6 program | 11 | 142 |
| | Number of individuals currently enrolled in C6 program | 13 | 151 |
| | Number of C6 participants approved for SSI benefits | 1 | 4 |
| | Number of C6 participants who are linked to and have access to mental health services | 3 | 16 |
| | Number of C6 participants who are linked to and have access to health services | 3 | 16 |
| D2: Expansion of Jail in Reach | Number of inmates who received D2 jail in-reach services | 2,556 | 2,987 |
| | Number of D2 participant inmates who were assessed with the VI-SPDAT | 2,196 | 2,263 |
| | Number of D2 participant inmates placed in bridge housing upon release | 139 (from 9/14/17- 12/31/17) | 472 (from 9/14/17- 3/31/17) |

**Homeless Initiative Performance Data by Strategy
July 2017 - March 2018 (unless otherwise noted)**

| Strategy | Metric | QR8 Data (July 2017 - December 2017) | QR 9 Data (July 2017 - March 2018) |
|---|---|---|---|
| D2: Expansion of Jail in Reach | Number of D2 participant inmates transported to housing upon release (from 9/14/17-12/31/17) | 81 | 432 |
| | Number of D2 participant inmates referred to SSI advocacy program (CBEST) | 33 | 12 |
| | Number of D2 participant inmates placed in permanent supportive housing by the Housing for Health program within 12 months of release | 22 | 68 |
| | Number of D2 participant inmates referred to Community Transition Unit (CTU) for GR assistance at DPSS | 202 | 205 |
| | Number of D2 participant inmates referred to CTU for Medi-Cal application assistance | 143 | 148 |
| | Number of D2 participant inmates referred to CTU for driver's license or birth certificate | 27 | 41 |
| D7: Provide Services and Rental Subsidies for Permanent Supportive Housing | Number of D7 participants linked to Intensive Case Management Services | 1,280 | 2195 |
| | Number of D7 participants receiving federal rental subsidies | 637 | 1108 |
| | Number of D7 participants receiving local rental subsidies | 354 | 808 |
| | Number of D7 participants placed in housing | 248 | 476 |

**Homeless Initiative Performance Data by Strategy
July 2017 - March 2018 (unless otherwise noted)**

| Strategy | Metric | QR8 Data (July 2017 - December 2017) | QR 9 Data (July 2017 - March 2018) |
|--|---|--|--|
| E2: Drug Medi-Cal Organized Delivery System for Substance Use Disorder Treatment Services | Percentage of homeless individuals with a positive Substance Use Disorder (SUD) assessment who were referred to and initiated treatment at the designated level of care | 23% (5,301/ 23,068) | Data pending due to system migration. |
| E4: First Responders Training | Number of LASD deputies and sergeants trained (from 10/2016-12/2017) | 947 | 1,152 |
| | Number of non-law enforcement first responders trained | (from 6/2017-12/2017) 251 (LACFD, Greater Los Angeles County Vector Control District, Los Angeles County Department of Parks and Recreation and Department of Animal Care and Control) | (from 6/2017-3/2018) 254 (LACFD, Greater Los Angeles County Vector Control District, Los Angeles County Department of Parks and Recreation and Department of Animal Care and Control, Supervisorial District 3, United Way, and Department of Mental Health) |
| E6: Countywide Outreach System (See note on next page) | Number of individuals initiated contact | 7,516 | 13,818 |
| | Number of individuals engaged | 4,038 | 7,204 |

**Homeless Initiative Performance Data by Strategy
July 2017 - March 2018 (unless otherwise noted)**

| Strategy | Metric | QR8 Data (July 2017 - December 2017) | QR 9 Data (July 2017 - March 2018) |
|---|--|---|---|
| E6: Countywide Outreach System (Data is for Coordinated Entry System (CES) Outreach Teams, Department of Health Services Multidisciplinary Teams (DHS MDTs), and LAHSA Homeless Engagement Teams (HET). Data for the QR8 reporting period was de-duplicated within each category, but there may have been duplication across categories. Data for the QR9 reporting period is fully de-duplicated.) | Number of individuals who received services or successfully attained referrals | 2,738 | 4,663 |
| | Number of individuals who were placed in crisis or bridge housing | 441 | 632 |
| | Number of individuals who were linked to a permanent housing resource | 359 | 267 |
| | Number of individuals who were placed in permanent housing | 98 | 136 |
| E7: Strengthen the Coordinated Entry System (CES) (All data for this strategy is for the CES as a whole.) | Number of households screened through CES | 13,976 | 21,277 |
| | Average length of time in days from assessment to permanent supportive housing match | 165 | 184 |
| | Average length of time in days from housing match to actual housing move-in | 17 | N/A |
| | Average length of stay in days in crisis/bridge housing for those who exited in the reporting period | 86 | 72 |
| | Average acuity score of persons or households who have obtained permanent housing | 7.12 | 7.15 |
| | Number of persons/households who have increased their income | 2300 | 5151 |

**Homeless Initiative Performance Data by Strategy
July 2017 - March 2018 (unless otherwise noted)**

| Strategy | Metric | QR8 Data (July 2017 - December 2017) | QR 9 Data (July 2017 - March 2018) |
|--|---|---|---|
| E8: Enhance the Emergency Shelter System (Data includes all participants served in programs funded in whole or in part by Measure H.) | Number of participants who entered crisis, bridge, or interim housing during the reporting period | 7,297 | 10,330 |
| | Number of participants who exited crisis, bridge, or interim housing to permanent housing during the reporting period | 1,064 | 1,703 |
| E10: Regional Coordination of LA County Housing Authorities | Average number of PHAs that participate in quarterly meetings | 7 | 7 |

**Select Homeless Initiative Strategy (B3, B7, D7, E6, E8) Performance Data by Service Planning Area (SPA)
July 2017 - March 2018**

| Strategy | Metric | Total* | SPA 1 | SPA 2 | SPA 3 | SPA 4 | SPA 5 | SPA 6 | SPA 7 | SPA 8 | Multiple SPA/No SPA Specified |
|---|--|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------------------------------|
| B3: Partner with Cities to Expand Rapid Re-Housing | Number of individuals newly enrolled | 9,282 | 297 | 1,782 | 801 | 1,273 | 458 | 2,846 | 1,113 | 766 | 1 |
| | Number of individuals currently enrolled | 16,135 | 527 | 3,408 | 1,155 | 2,603 | 1,173 | 4,130 | 1,850 | 1,397 | 1 |
| | Number of B3 participants that moved in to housing | 1,750 | 134 | 250 | 182 | 418 | 97 | 251 | 158 | 260 | |
| | Number of B3 participants that exited to a permanent housing destination | 2,012 | 155 | 377 | 239 | 310 | 39 | 374 | 183 | 335 | |
| | Number of B3 participants that exited the program to any destination | 4,507 | 279 | 1,266 | 503 | 709 | 88 | 679 | 443 | 540 | |
| B7: Interim/Bridge Housing for Those Exiting Institutions | Number of individuals who have been served with B7 funded interim/bridge housing | 1437 | 33 | 71 | 60 | 371 | 45 | 552 | 281 | 24 | |
| | Number of B7 participants who exit to a permanent housing destination | 197 | 5 | 9 | 13 | 45 | 8 | 61 | 52 | 4 | |
| D7: Provide Services and Rental Subsidies for Permanent Supportive Housing | Number of D7 participants linked to Intensive Case Management Services | 2,195 | 158 | 354 | 144 | 900 | 327 | 156 | 3 | 153 | |

*Sum of SPA data may not add up to total due to multiple enrollments.

**Select Homeless Initiative Strategy (B3, B7, D7, E6, E8) Performance Data by Service Planning Area (SPA)
July 2017 - March 2018**

| Strategy | Metric | Total* | SPA 1 | SPA 2 | SPA 3 | SPA 4 | SPA 5 | SPA 6 | SPA 7 | SPA 8 | Multiple SPA/No SPA Specified |
|---|---|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------------------------------|
| D7: Provide Services and Rental Subsidies for Permanent Supportive Housing | Number of D7 participants receiving federal rental subsidies | 1108 | 38 | 210 | 7 | 524 | 191 | 93 | 2 | 43 | |
| | Number of D7 participants receiving local rental subsidies | 808 | 107 | 135 | 131 | 292 | 73 | 29 | 1 | 40 | |
| | Number of D7 participants placed in housing | 476 | 39 | 98 | 53 | 177 | 58 | 9 | 2 | 40 | |
| E6: Countywide Outreach System | Number of unduplicated individuals initiated contact (CES Outreach Teams) | 2,447 | 0 | 35 | 57 | 722 | 27 | 216 | 842 | 550 | 7 |
| | Number of unduplicated individuals initiated contact (LAHSA HET) | 5,208 | N/A | 277 | N/A | 626 | 281 | 601 | N/A | N/A | 3,473 |
| | Number of unduplicated individuals initiated contact (DHS MDTs) | 5,483 | 163 | 623 | 244 | 1,250 | 490 | 1,064 | 530 | 1,136 | |
| | Number of unduplicated individuals engaged (CES Outreach Teams) | 1,742 | 0 | 22 | 38 | 502 | 21 | 41 | 614 | 505 | 7 |
| | Number of unduplicated individuals engaged (LAHSA HET) | 965 | N/A | 210 | N/A | 31 | 39 | 112 | N/A | N/A | 578 |

*Sum of SPA data may not add up to total due to multiple enrollments.

**Select Homeless Initiative Strategy (B3, B7, D7, E6, E8) Performance Data by Service Planning Area (SPA)
July 2017 - March 2018**

| Strategy | Metric | Total* | SPA 1 | SPA 2 | SPA 3 | SPA 4 | SPA 5 | SPA 6 | SPA 7 | SPA 8 | Multiple SPA/No SPA Specified |
|---------------------------------------|--|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------------------------------|
| E6: Countywide Outreach System | Number of unduplicated individuals engaged (DHS MDTs) | 3,115 | 119 | 407 | 98 | 987 | 475 | 577 | 148 | 321 | |
| | Number of unduplicated individuals who received services or successfully attained referrals (CES Outreach Teams) | 879 | 0 | 0 | 31 | 172 | 1 | 40 | 414 | 222 | 1 |
| | Number of unduplicated individuals who received services or successfully attained referrals (LAHSA HET) | 888 | N/A | 165 | N/A | 26 | 42 | 106 | N/A | N/A | 553 |
| | Number of unduplicated individuals who received services or successfully attained referrals (DHS MDTs) | 3,675 | 130 | 478 | 192 | 806 | 329 | 839 | 414 | 498 | |
| | Number of unduplicated individuals who are placed in crisis or bridge housing (CES Outreach Teams) | 110 | 0 | 0 | 9 | 6 | 3 | 1 | 53 | 38 | |
| | | | | | | | | | | | |

*Sum of SPA data may not add up to total due to multiple enrollments.

**Select Homeless Initiative Strategy (B3, B7, D7, E6, E8) Performance Data by Service Planning Area (SPA)
July 2017 - March 2018**

| Strategy | Metric | Total* | SPA 1 | SPA 2 | SPA 3 | SPA 4 | SPA 5 | SPA 6 | SPA 7 | SPA 8 | Multiple SPA/No SPA Specified |
|---------------------------------------|--|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------------------------------|
| E6: Countywide Outreach System | Number of unduplicated individuals who are placed in crisis or bridge housing (LAHSA HET) | 181 | N/A | 21 | N/A | 2 | 14 | 38 | N/A | N/A | 106 |
| | Number of unduplicated individuals who are placed in crisis or bridge housing (DHS MDTs) | 197 | 8 | 111 | 12 | 30 | 3 | 13 | 4 | 17 | |
| | Number of unduplicated individuals who are linked to a permanent housing resource (CES Outreach Teams) | 138 | 0 | 0 | 10 | 5 | 0 | 1 | 26 | 96 | |
| | Number of unduplicated individuals who are linked to a permanent housing resource (LAHSA HET) | 54 | N/A | 15 | N/A | 0 | 4 | 4 | N/A | N/A | 31 |
| | Number of unduplicated individuals who are linked to a permanent housing resource (DHS MDTs) | 101 | 8 | 34 | 14 | 20 | 2 | 3 | 4 | 16 | |

*Sum of SPA data may not add up to total due to multiple enrollments.

**Select Homeless Initiative Strategy (B3, B7, D7, E6, E8) Performance Data by Service Planning Area (SPA)
July 2017 - March 2018**

| Strategy | Metric | Total* | SPA 1 | SPA 2 | SPA 3 | SPA 4 | SPA 5 | SPA 6 | SPA 7 | SPA 8 | Multiple SPA/No SPA Specified |
|---|---|--------|-------|-------|-------|-------|-------|-------|-------|-------|-------------------------------|
| E6: Countywide Outreach System | Number of unduplicated individuals who are placed in permanent housing (CES Outreach Teams) | 51 | 0 | 2 | 1 | 14 | 5 | 6 | 14 | 9 | |
| | Number of unduplicated individuals who are placed in permanent housing (LAHSA HET) | 35 | N/A | 8 | N/A | 0 | 2 | 5 | N/A | N/A | 20 |
| | Number of unduplicated individuals who are placed in permanent housing (DHS MDTs) | 51 | 1 | 21 | 7 | 2 | 5 | 3 | 0 | 12 | |
| E8: Enhance the Emergency Shelter System | Number of individuals who entered E8 interim/crisis/bridge housing programs in the reporting period | 10,330 | 643 | 1,039 | 432 | 4,102 | 433 | 2,061 | 646 | 682 | 309 |
| | Number of individuals who have been served by E8 funded interim/crisis/bridge housing beds | 12,597 | 685 | 1,546 | 542 | 5,257 | 551 | 2,517 | 794 | 806 | 318 |

*Sum of SPA data may not add up to total due to multiple enrollments.

**Select Homeless Initiative Strategy (B3, B7, D7, E6, E8) Performance Data by Service Planning Area (SPA)
July 2017 - March 2018**

| Strategy | Metric | Total* | SPA 1 | SPA 2 | SPA 3 | SPA 4 | SPA 5 | SPA 6 | SPA 7 | SPA 8 | Multiple SPA/No SPA Specified |
|---|--|---------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------|--------------------------------------|
| E8: Enhance the Emergency Shelter System | Number of E8 participants that exited to permanent housing for all exits during the reporting period | 1,703 | 68 | 238 | 160 | 553 | 127 | 186 | 135 | 228 | 8 |

*Sum of SPA data may not add up to total due to multiple enrollments.

Demographic Enrollment/Service Data for Select Homeless Initiative Strategies for July 2017 to March 2018

| Demographic Category | | B3: Rapid Re-Housing | | B7: Interim Housing for Those Exiting Institutions | | D7: Permanent Supportive Housing | | E8: Emergency Shelter | |
|--|--|-----------------------|---------------|--|---------------|----------------------------------|---------------|-----------------------|---------------|
| | | Number Newly Enrolled | Number Served | Number Newly Enrolled | Number Served | Number Newly Enrolled | Number Served | Number Newly Enrolled | Number Served |
| Total individuals | | 9,282 | 16,686 | 1,408 | 1,437 | 2,195 | 2,195 | 10,330 | 10,878 |
| Age | Under 18 (unaccompanied) | - | - | 1 | 1 | - | - | 27 | 27 |
| | Under 18 (in a family) | 4,028 | 6,795 | - | - | 2 | 2 | 2,169 | 2,169 |
| | 18-24 | 1,016 | 1,821 | 116 | 117 | 80 | 80 | 974 | 983 |
| | 25-54 | 3,597 | 6,723 | 919 | 938 | 1,125 | 1,125 | 5,170 | 5,456 |
| | 55-61 | 385 | 808 | 244 | 247 | 556 | 556 | 1,186 | 1,340 |
| | 62 & older | 239 | 510 | 126 | 132 | 429 | 429 | 794 | 893 |
| | Unknown | 17 | 29 | 2 | 2 | 3 | 3 | 10 | 10 |
| Ethnicity | Hispanic/Latino | 3,337 | 6,066 | 477 | 488 | 611 | 611 | 2,968 | 3,120 |
| | Not Hispanic/Latino | 5,524 | 9,946 | 876 | 894 | 1,530 | 1,530 | 7,109 | 7,493 |
| | Unknown | 421 | 674 | 55 | 55 | 54 | 54 | 253 | 265 |
| Race | White | 3,365 | 6,060 | 524 | 540 | 957 | 957 | 3,537 | 3,760 |
| | Black/African- American | 4,653 | 8,106 | 531 | 537 | 944 | 944 | 5,528 | 5,774 |
| | Asian | 73 | 147 | 29 | 30 | 35 | 35 | 114 | 125 |
| | American Indian/Alaskan Native | 92 | 169 | 34 | 35 | 41 | 41 | 165 | 171 |
| | Native Hawaiian/Other Pacific Islander | 53 | 102 | 14 | 14 | 15 | 15 | 98 | 101 |
| | Multi-Racial/Other | 222 | 589 | 75 | 75 | 118 | 118 | 330 | 367 |
| | Unknown | 824 | 1,513 | 201 | 206 | 85 | 85 | 558 | 580 |
| Gender | Female | 5,317 | 9,249 | 328 | 337 | 780 | 780 | 4,419 | 4,619 |
| | Male | 3,909 | 7,203 | 1,057 | 1,077 | 1,393 | 1,393 | 5,800 | 6,142 |
| | Transgender Male to Female | 10 | 23 | 17 | 17 | 18 | 18 | 60 | 66 |
| | Transgender Female to Male | 5 | 15 | 5 | 5 | 2 | 2 | 7 | 7 |
| | Other | 4 | 4 | 1 | 1 | 1 | 1 | 7 | 7 |
| | Unknown | 37 | 192 | - | - | 1 | 1 | 37 | 37 |
| Individuals at risk of Homelessness | | - | - | - | - | - | - | - | - |
| Homeless Individuals | | 9,282 | 16,686 | 1,408 | 1,437 | 2,195 | 2,195 | 10,330 | 10,878 |
| Chronically Homeless Individuals | | 1,002 | 2,248 | 992 | 997 | 1,831 | 1,831 | 1,840 | 2,301 |
| Veterans | | 43 | 107 | 64 | 75 | 140 | 140 | 431 | 452 |
| Individuals in Families with Minor Child(ren) | | 6,687 | 11,374 | - | - | 4 | 4 | 3,757 | 3,757 |
| Families with Minor Child(ren) | | 1,981 | 3,341 | - | - | 2 | 2 | 1,096 | 1,096 |

| | | E6: Countywide Outreach System | |
|--|--|---------------------------------------|----------------------|
| Demographic Category | | Number Newly Enrolled | Number Served |
| Total individuals | | 13,818 | 20,305 |
| Age | Under 18 (unaccompanied) | 49 | 106 |
| | Under 18 (in a family) | 41 | 102 |
| | 18-24 | 712 | 1,031 |
| | 25-54 | 7,468 | 11,595 |
| | 55-61 | 2,022 | 3,021 |
| | 62 & older | 1,315 | 1,940 |
| | Unknown | 2,211 | 2,510 |
| Ethnicity | Hispanic/Latino | 3,919 | 6,033 |
| | Not Hispanic/Latino | 8,417 | 12,093 |
| | Unknown | 1,482 | 2,179 |
| Race | White | 6,313 | 8,975 |
| | Black/African- American | 4,588 | 6,325 |
| | Asian | 139 | 205 |
| | American Indian/Alaskan Native | 240 | 318 |
| | Native Hawaiian/Other Pacific Islander | 105 | 165 |
| | Multi-Racial/Other | 203 | 301 |
| | Unknown | 2,230 | 4,016 |
| Gender | Female | 4,917 | 7,036 |
| | Male | 8,351 | 12,175 |
| | Transgender Male to Female | 88 | 119 |
| | Transgender Female to Male | 18 | 21 |
| | Other | 13 | 14 |
| | Unknown | 431 | 940 |
| Individuals at risk of Homelessness | | - | - |
| Homeless Individuals | | 13,818 | 20,305 |
| Chronically Homeless Individuals | | 1,724 | 2,334 |
| Veterans | | 425 | 641 |
| Individuals in Families with Minor Child(ren) | | 71 | 175 |
| Families with Minor Child(ren) | | 20 | 49 |

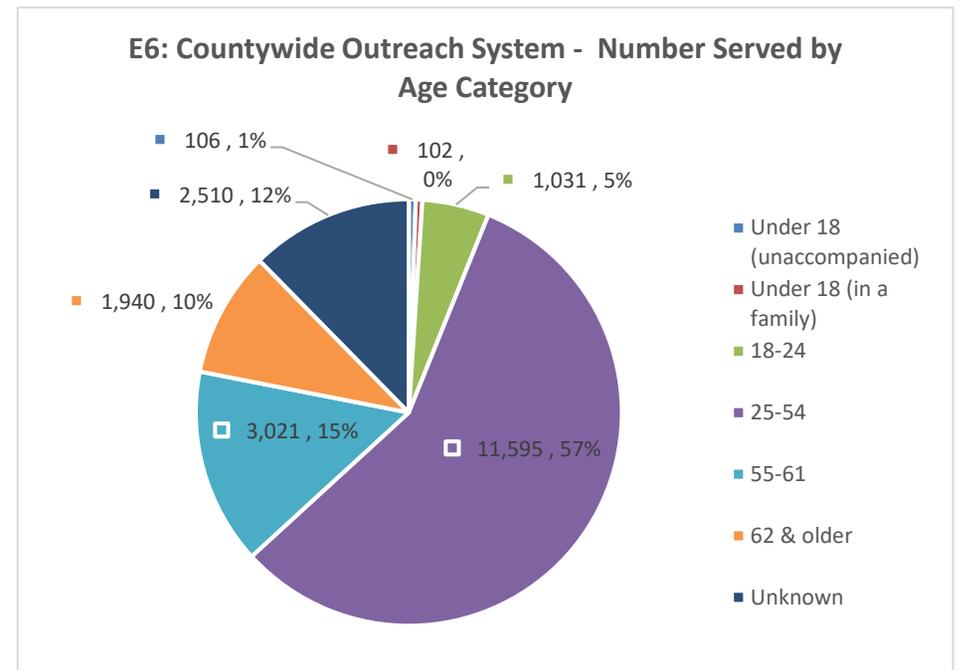
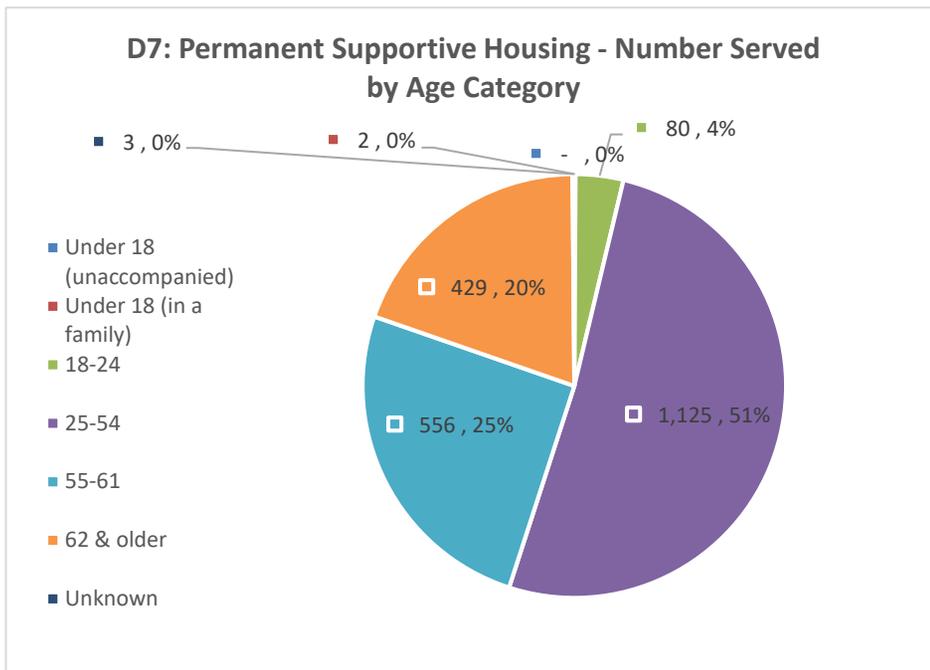
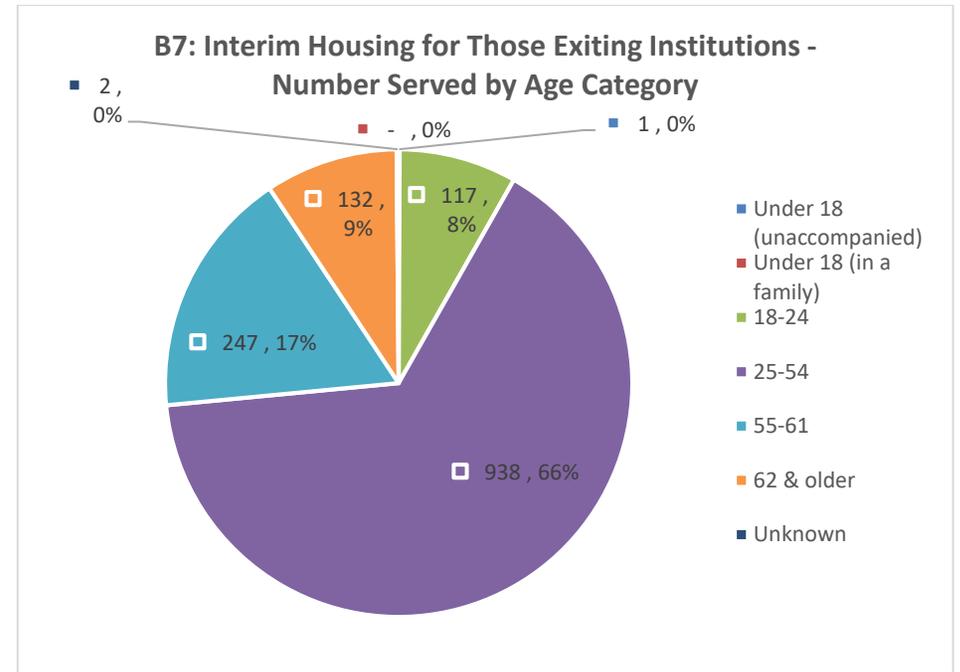
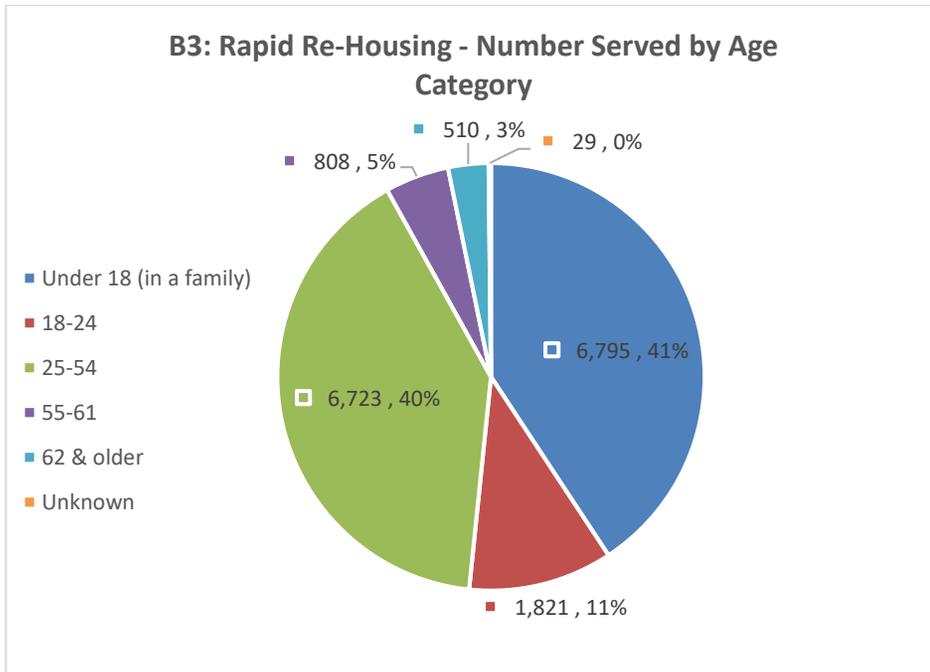
Notes:

- "Newly enrolled" refers to all participants enrolled during the reporting period (July 2017-March 2018)

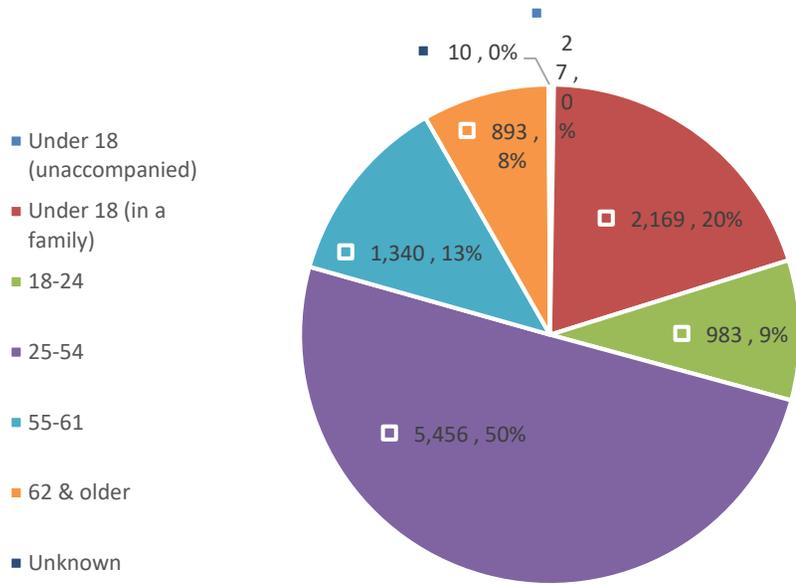
- "Number served" refers to all participants served during the reporting period, some of whom were enrolled prior to the reporting period. If the strategy was implemented at the beginning of the reporting period (in July 2017), number served and enrolled are equal.

- Strategy E6: Outreach includes three types of outreach teams - Coordinated Entry System Teams, Department of Health Services' Multidisciplinary Teams (MDTs), and Los Angeles Homeless Services Authority (LAHSA) Homeless Engagement Teams (HETs). The data provided is deduplicated.

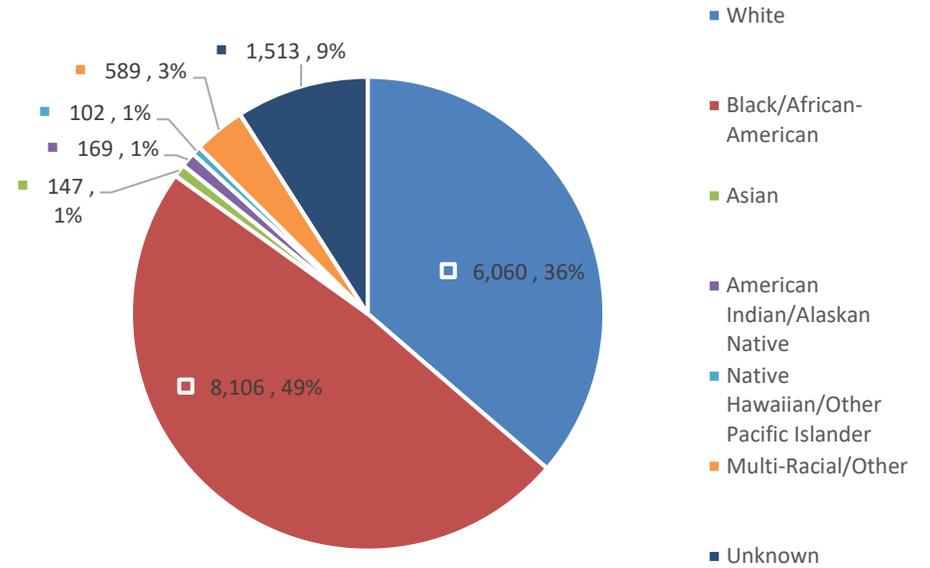
Demographic Enrollment/Service Data for Select Homeless Initiative Strategies July 2017 to March 2018



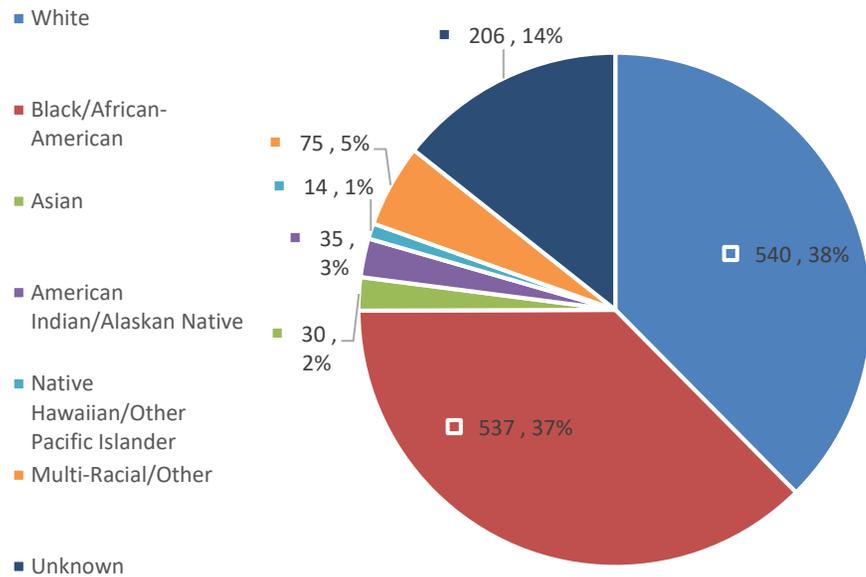
**E8: Emergency Shelter System -
Number Served by Age Category**



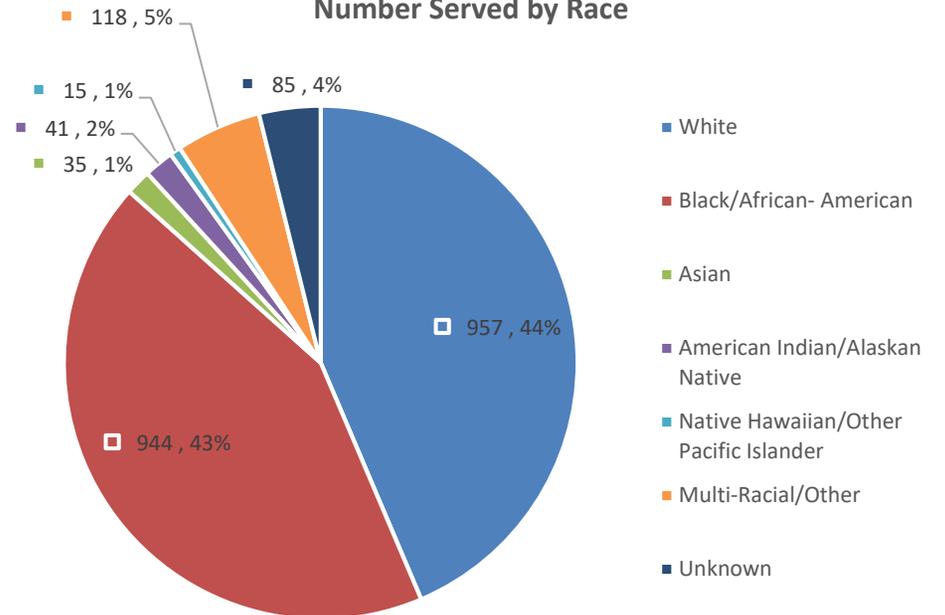
**B3: Rapid Re-Housing -
Number Served by Race**



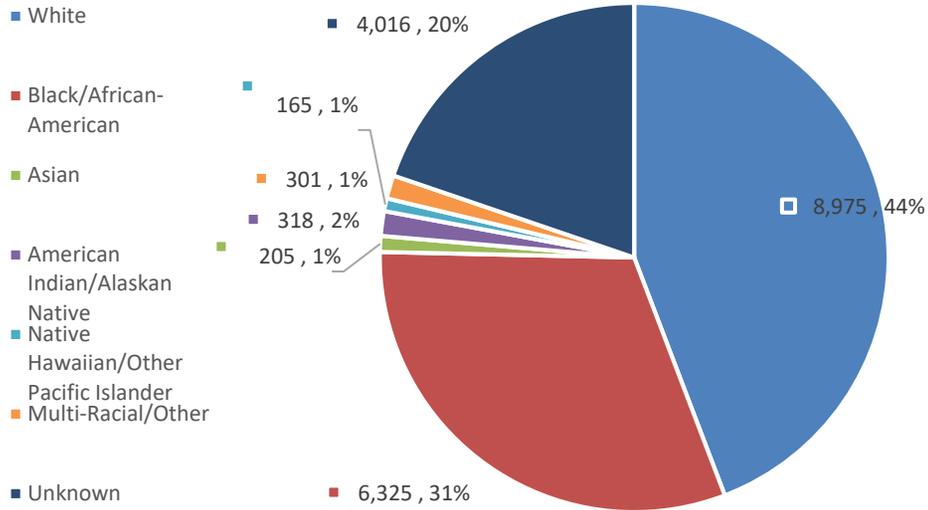
**B7: Interim Housing for Those Exiting Institutions -
Number Served by Race**



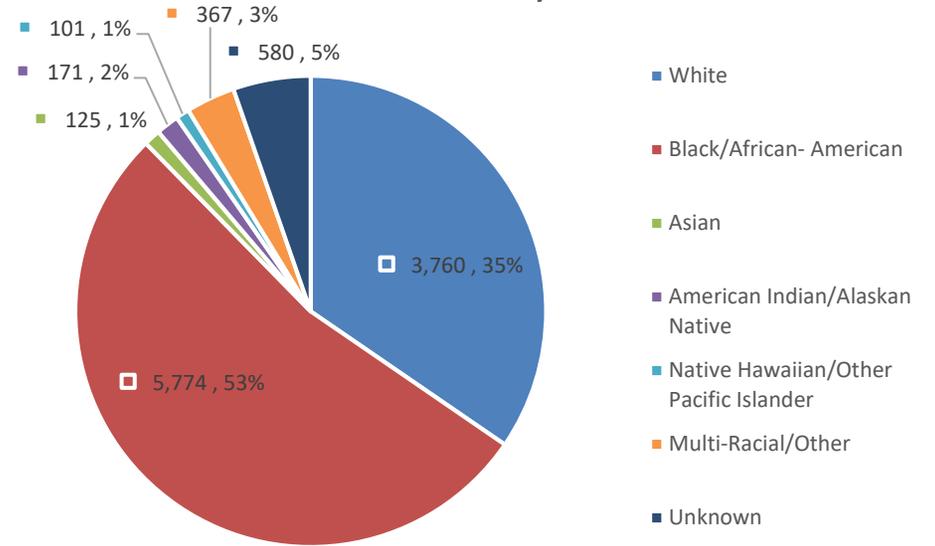
**D7: Permanent Supportive Housing -
Number Served by Race**



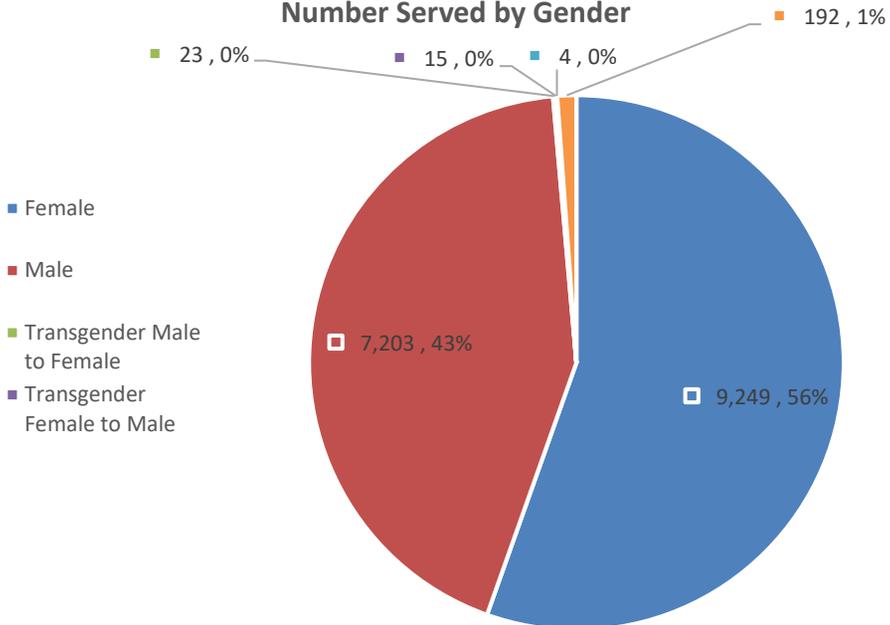
**E6: Countywide Outreach System -
Number Served by Race**



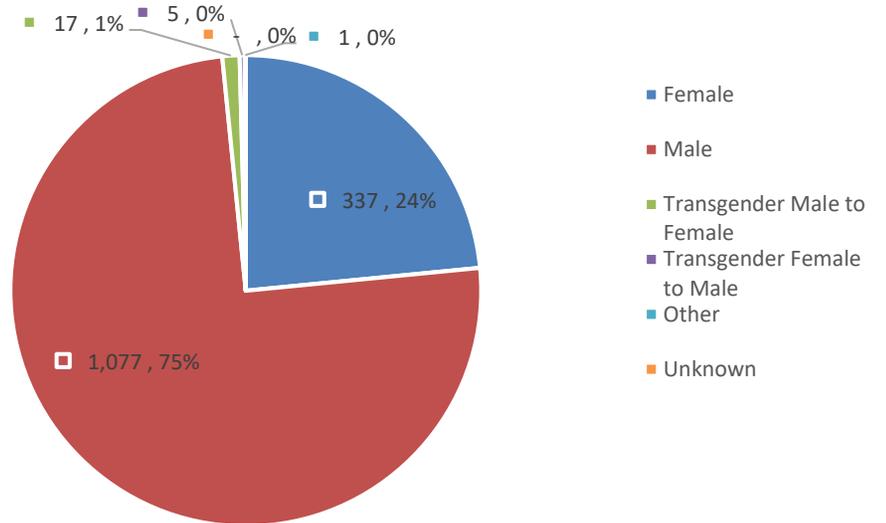
**E8: Emergency Shelter -
Number Served by Race**



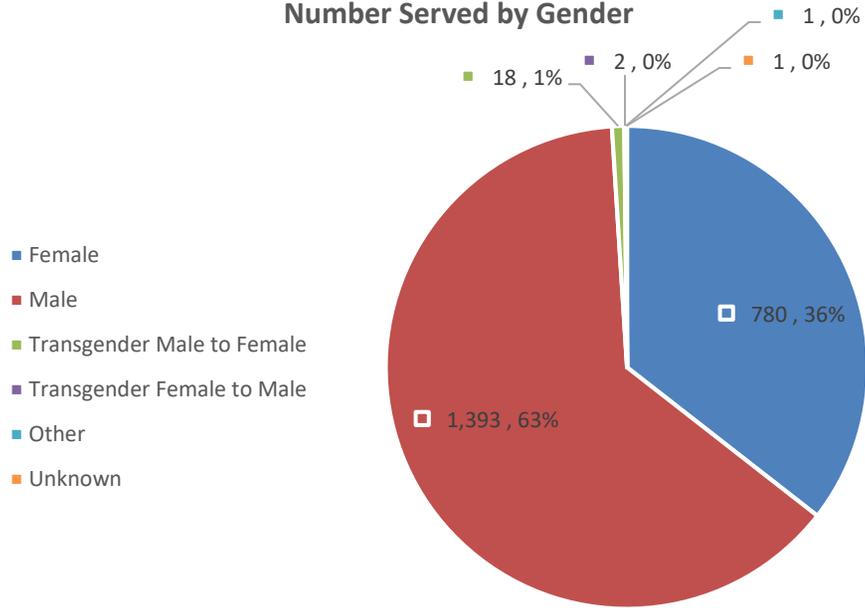
**B3: Rapid Re-Housing -
Number Served by Gender**



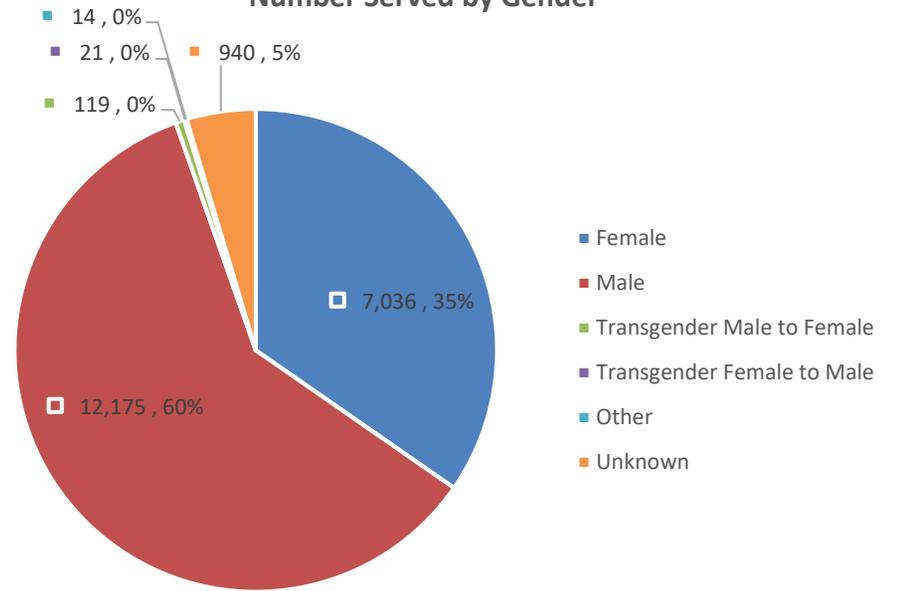
**B7: Interim Housing for Those Exiting Institutions -
Number Served by Gender**



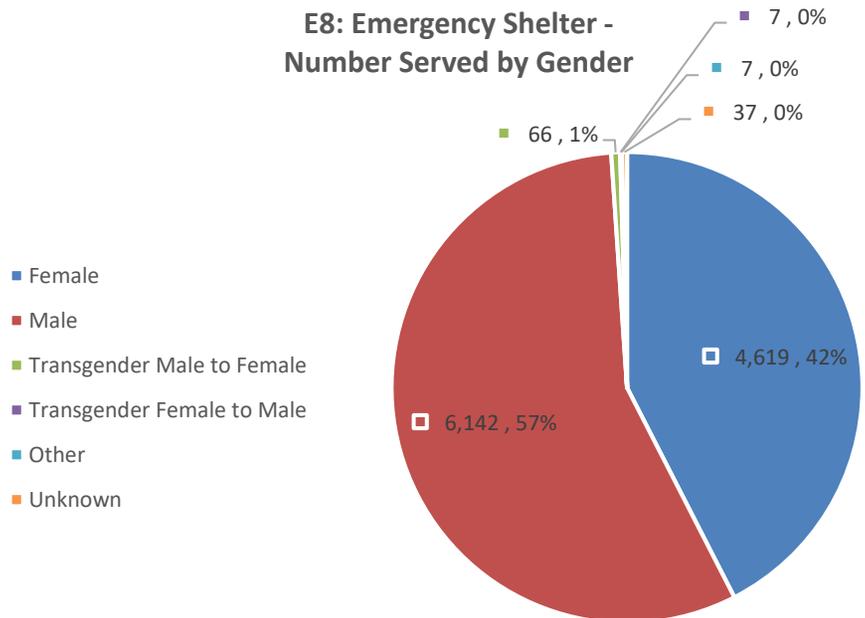
**D7: Permanent Supportive Housing -
Number Served by Gender**



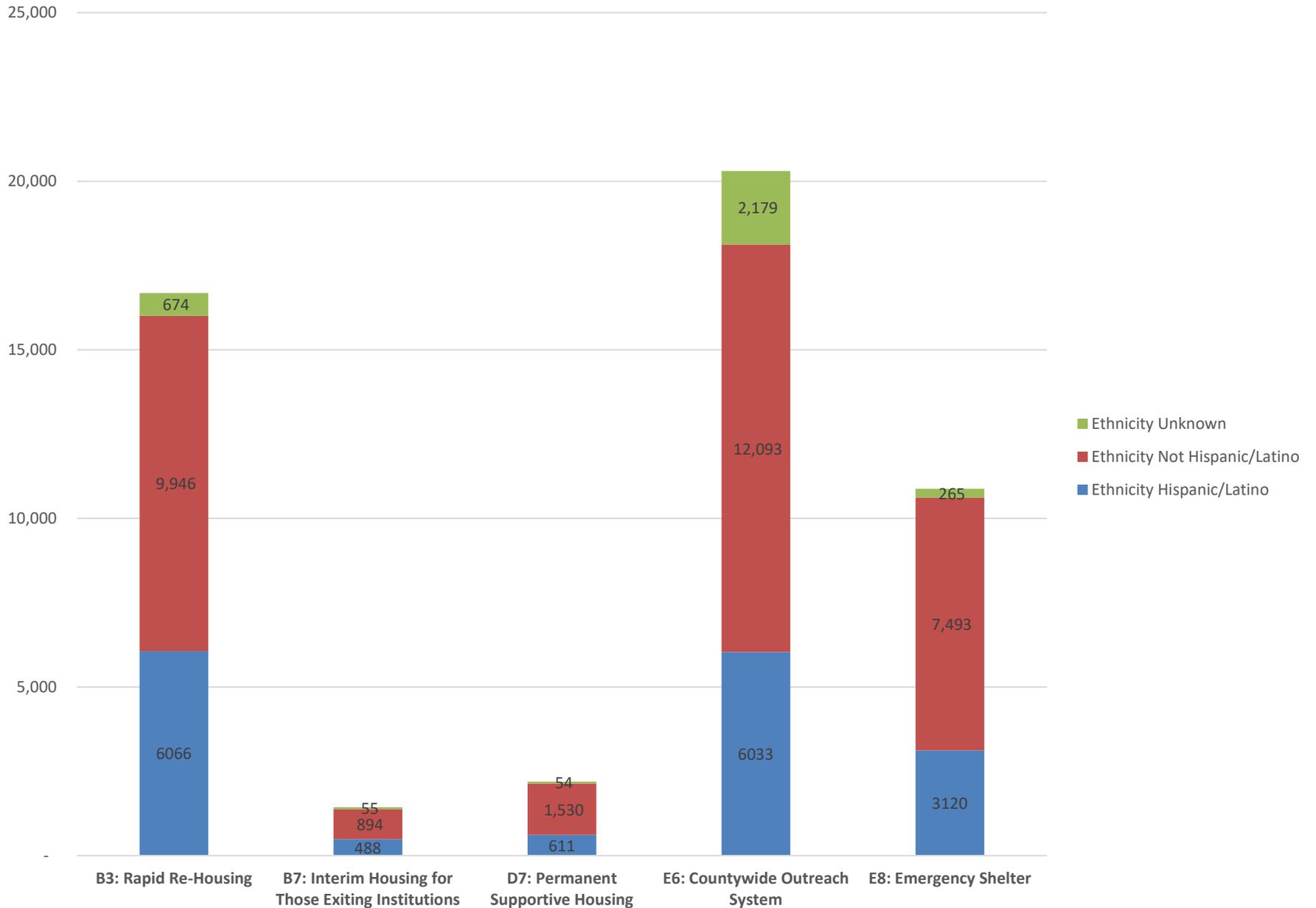
**E6: Countywide Outreach System -
Number Served by Gender**



**E8: Emergency Shelter -
Number Served by Gender**



**Strategies B3, B7, D7, E6, and E8:
Number Served by Ethnicity**





IMPACT STORIES May 2018

Combating homelessness among families and individuals takes strong partnerships, effective programs, and numerous committed staff, volunteers, and community members. Here are a few success stories where the Homeless Initiative made a difference.

Strategy A4 – Discharges from Foster Care or Juvenile Probation

A STABLE PLACE CALLED HOME

Ginette Woods is a 23-year-old woman who has been living in an unstable situation or homeless for the past five years. As a former youth in foster care, Ginette has been in multiple housing and shelter programs, but was never able to stay in a program for very long due to her mental health and substance use disorder issues. She was finally connected to the Department of Mental Health and moved into the Youth Burlington Apartments last February, which is a permanent low-income unit. After struggling to find the right fit for so long, she now has a safe, stable, service-enhanced place to call home.

Strategy B4 – Facilitate Utilization of Federal Housing Subsidies

VET FINDS SECURITY

Mr. Davis was staying at West Side Vets in Inglewood, CA for seven years after declining health issues forced him and his family to become homeless. He faced challenges in finding property owners who would accept Section 8 vouchers, working with owners who requested a credit score of 640 and above, and overcoming the rejection he felt. Case managers at West Side VETS helped Mr. Davis obtain a Section 8 voucher, visited him monthly to check on his well-being and helped secure housing for him and his family. This was largely due to the Housing Authority of the County of Los Angeles Housing Unit providing the owner with the \$2,467 holding fee.

“I couldn’t have done it without these organizations. It’s an awesome feeling to have these individuals have so much love in what they do. They help veterans like me get through these difficult times to secure housing. My experience working with Mr. Rodriguez and with the housing advisor team was truly a blessing. Mr. Rodriguez guaranteed me that I did not have to stress in finding a unit. He mentioned to me that it was his job to find a unit for me.” -Mr. Davis



Strategy B4 – Facilitate Utilization of Federal Housing Subsidies

AN ANSWER TO A PRAYER

Ms. Jamiesha Tillman was a survivor of domestic violence, which caused her to leave her housing unit prematurely, along with her four children. They stayed with family and friends as long as they could, then resorted to staying in Ms. Tillman's car and in shelters. Finally, Ms. Tillman connected with St. Joseph Center where she received a Section 8 Voucher. Even with the voucher, Ms. Tillman still faced challenges in finding a safe home for family, finding a landlord willing to accept vouchers and coming up with the security deposit.

The Homeless Incentive Program (HIP) and the Housing Advisory Unit Staff helped her locate units that matched her criteria and convinced the property owner to accept the Section 8 voucher by providing a generous holding fee. HIP also paid the security deposit enabling Ms. Tillman to lease the unit in February and have a place to call home.



I'm blessed to have been connected with this program that helped me secure a place for me and my children.

Getting connected with HIP was the best thing that could have happened to me and my family."

-Ms. Jamiesha Tillman

Strategy B6 – Family Reunification Housing Subsidy

ON THE PATH FORWARD

Special Service for Groups – Homeless Outreach Program Integrated Care System (SSG-HOPICS) had been working with a 26-year-old client who wanted to reunify with her daughter. In the beginning, the client became frustrated and unmotivated when housing was not identified in the first two months. Some of the barriers to housing were her lack of income and low credit score. The client's case manager assisted her in enrolling into a Worksource Center program, where she practiced doing mock interviews and setting goals to become housed. They also continued to work together to find a landlord who would be willing to lease her a unit. As a result of their efforts, the client found a part-time job and secured housing.

"I can't believe things are actually moving into a positive direction. I finally get to live with my daughter and provide her with a loving home." - Client

Strategy B7 – Interim/Bridge Housing for Those Exiting Institutions

HOME AND HOPE

A 38-year-old mother of one lost her child due to her substance use disorder and was homeless when she entered treatment at House of Hope in San Pedro. There she completed residential treatment, received case management and counseling, and was soon able to transition to a rapid bridge housing unit. She regained custody of her son after one year and is currently working and attending college.

“I really was grateful for Rapid Bridge Housing because there was no rent for three months, and it helped me save money and move on to sober living and work on myself during that time. I regained a really close relationship with God and all my prayers have started to be answered.” – Client

Strategy C2/C7 – Employment for Homeless Adults

THE TRANSFORMATIONAL POWER OF EMPLOYMENT

Eddie is 45-year-old who was homeless with long-term unemployment and previous substance use disorder when he enrolled into a job readiness program at Chrysalis. He worked in Chrysalis Works, a one-year transitional job program in street maintenance. Working in the Fashion District helped him to overcome his discomfort in crowds and build his communication skills. Within two weeks, he found full-time employment as a prep cook with First to Serve, an organization that provides transitional housing, medical, and supportive services to individuals and families experiencing homelessness in South LA. He has been working with First to Serve for more than six months and was recently promoted to supervisor.

Eddie tells others about Chrysalis and says he has been given “the power to make the choices on what job I want.”



Cities Success Story – West Hollywood

HIGHLIGHTING COMMUNITY ENGAGEMENT

West Hollywood's Homeless Services Connect Day brought in more than 60 people experiencing homelessness who were able to connect to 17 different services providers including City - contracted agencies, County Health Agency, and LAHSA. Generous donations by community partners included food and free haircuts and beard trims. This is a great example of coordinated outreach and strong partnerships between City and County agencies, as well as non-profit service providers.



Strategy D2 – Expansion of Jail In-Reach

A FRESH START

The client is a 24-year-old man, born and raised in Compton. By the time he graduated from Torrance High School in 2011, he was in and out of shelters and sleeping on the streets and in cars. He was arrested in June 2017 for ID theft, which was later reduced to obstructing a Peace Officer. While incarcerated, he was placed on the homeless list and connected to a case manager from The People Concern. He and his case manager started to develop a plan and goals for housing.

When he was released in January 2018, he did not want to go into bridge housing so he stayed in a car and couch surfed, but continued working with his case manager. With her help, he was able to find a job, obtain his vital records, and identify a Rapid Rehousing unit. When he heard the news that the unit was his, the client began to cry and expressed that he felt it was so “unrealistic.” He stated that he was grateful and now his 6-year-old son will have a place to call home.

Strategy E6 – Countywide Outreach System

FAMILY MATTERS

JS is a single father with a 5-year-old son. JS battles depression and anxiety and has been involved with the criminal justice system. When a LAHSA outreach team engaged him, he was fighting to maintain custody of his son. With no other family, JS was concerned that his son would be placed in a foster home if he did not find housing soon. A LAHSA outreach team connected with JS at a Homeless Connect Event in Pomona and was able to secure a one-bedroom apartment for him through Upward Bound House, where he is able to stay for up to one year or until he and his son obtain permanent housing. JS is actively seeking employment in construction, and his son is excelling in school.

“People have told me that they were going to help me, but most of them did not follow through...(LAHSA Outreach staff) Donald Holt and Lisa Lyon have been the most honest and diligent people helping my son and I. In this moment of serious crisis, we were literally days from sleeping on the streets with no help in sight. It brought tears to my eyes when we showed up at Upward Bound homes and my son turned to me and said, ‘Daddy now we can be safe.’” - JS

Strategy E6 – Countywide Outreach System

A STORY OF RESILIENCE

Tina K. is 31 years old, and her story is one of resilience. Tina has been on the street for several years and has a history of severe trauma, violence, and abuse. She was pregnant and living in a makeshift encampment with her partner. At first, Tina was afraid to connect with LA Family Housing’s Outreach Team because she feared losing her baby after birth or being separated from her partner. Eventually she agreed to being connected with mental health services and developed a bond with the specialist there. The specialist was able to get Tina to accept interim housing. Within two months, Tina was eligible to be transferred to the Family Solutions Center, where she was connected with a housing resource. She resides there now with her partner and receives services from the Department of Mental Health for the first time in her life.

Strategy E8 – Enhancing the Emergency Shelter System

LIFE SAVING CARE

JJ is a 48-year-old transgender woman diagnosed with AIDS. She was suffering from a life-threatening infection associated with unsanitary living conditions. She also struggles with depression, psychotic features, and substance use. She spent three years on Skid Row and was frequently hospitalized due to AIDS-related illnesses. When she was admitted to interim housing through the Wesley Health Centers, her HIV viral load was extremely high due to not taking medication or consistently following up with an HIV medical provider. She also had an active case of syphilis. Ms. J is now thriving and receiving consistent medical care from her HIV clinic. Her viral loads have drastically declined, and she is currently engaged in treatment to achieve an undetectable viral load. She is connected to Intensive Case Management Services and working closely with her case manager to obtain permanent supportive housing.

Strategy E14 – Enhanced Services for Transition Age Youth

A SYSTEM OF SUPPORT

This young person from Florida ran away from family due to a lack of acceptance for gender identity. This youth became homeless in Las Vegas and then in Los Angeles, where they went to the LA LGBT’s Youth Center in Hollywood. Shortly after, the youth was referred to a crisis-housing program and then matched to a transitional housing bed back at the LA LGBT Center. While there, the youth received support to legally change gender and name. The youth went on to get a job in public health and now lives with a co-worker. The youth continues to do well, saving money and engaging in healthy relationships.

RESPONSES TO BOARD MOTIONS: FEBRUARY 20 - APRIL 30, 2018

During the last quarter, the Chief Executive Office (CEO) responded to six Board motions related to homelessness. Summaries of these reports are below.

- **Motion on Measure H Funding: Accounting of the Homeless Population that is Unaccounted for in The Greater Los Angeles Homeless Count (Item No. 12, Agenda of June 13, 2017)**

On February 20, 2018, the CEO provided a final report back to the Board of Supervisors (Board) on potential ways that the homeless population that is unaccounted for in the Greater Los Angeles Homeless Count (Homeless Count) could be reflected in the future allocation of funding for the Measure H Strategies. The report back included a final report from CEO Research and Evaluation Services Unit (RES), which used administrative data from the Los Angeles Homeless Services Authority (LAHSA), Sheriff's Department, Los Angeles County Office of Education, and the Departments of Public Social Services (DPSS), Children and Family Services, Health Services (DHS), Mental Health, and Workforce Development, Aging and Community Services (WDACS), to formulate a CEO Homeless Population Estimate (CEO Estimate). The report back also includes the CEO Homeless Initiative's recommended methodology for utilizing the CEO Estimate for the future allocation of a subset of Measure H-funded strategies. The recommended methodology would use the CEO Estimate in combination with the LAHSA Countywide Point-In-Time Homeless Count for strategies where: (1) some or all of the Measure H funding is allocated geographically by Service Planning Area (SPA) *and* (2) the service population is not limited to those who fit the U.S. Department of Housing and Urban Development (HUS) definition of literally homeless.

- **Motion on Child Care for Homeless Families (Item No. 26, Agenda of June 13, 2017)**

On February 26, 2018, the CEO provided an interim report to the Board on child care access for homeless families. The CEO previously submitted two interim responses highlighting the formation of the Child Care Workgroup and reporting on an assessment of barriers and potential strategies to enhance access to child care for families experiencing homelessness. This third report documents progress made in implementing the previously identified strategies to enhance access to child care for families experiencing homelessness. Strategies that are implemented or in the process of being implemented include:

- Policy reinforcement for DPSS Eligibility and Greater Avenues for Independence (GAIN) Services Workers: DPSS will issue reinforcement policy to case management staff reminding them of the availability of the myriad of DPSS programs and services specifically tailored to support and assist CalWORKs families who are experiencing homelessness.

- SPA 7 DPSS Welfare-to-Work Co-Location Pilot: This DPSS pilot involves co-locating Welfare-to-Work staff at The Whole Child, the Family Coordinated Entry System (CES) Lead Agency.
- Resource and Referral (R&R) Co-location/Partnership: R&R Agencies are working with their SPA Family CES Lead to connect families in need of child care to the appropriate child care resources.
- Cross training and sharing of information between Homeless Service Delivery System and R&R Agency staff.
- Child Care as an allowable expense: Beginning July 2017, the Los Angeles Homeless Services Authority included licensed child care as an allowable expense within its Family CES Rapid Rehousing contracts.

As the Child Care Workgroup moves forward with the above strategies, it will work with the relevant agencies to collect data on the number of families experiencing homelessness who are not eligible or able to be connected to child care entitlement programs on a timely basis. If a need is identified, the CEO will come back to the Board with a recommendation.

- **Motion on Crisis Housing for Women (Item No. 6, Agenda of June 13, 2017)**

On March 9, 2018, the CEO submitted a final report to the Board, examining whether funding in Homeless Initiative Strategies, aside from Strategy E8, should be set aside to specifically address the needs of women experiencing homelessness. The report informs the Board of the results of a survey of Homeless Initiative (HI) Strategy leads, in which leads were asked to share information about their current practices in meeting the needs of women experiencing homelessness. The survey was designed in consultation with DHS, LAHSA, and the Women and Girls Initiative (Workgroup), and was based on a review of LAHSA's August 25, 2017 report, "The Report and Recommendations of the Ad Hoc Committee on Women and Homelessness." The Workgroup reviewed the survey responses and, based on the information provided, developed three recommendations. The Workgroup recommends requiring Strategy leads to establish gender-based performance metrics; ensure providers complete training on best practices for meeting the needs of women experiencing homelessness; and include language in their Scope of Required Services for contracted providers to establish policies that support their ability to meet the needs of women served through their programs. Upon receiving Board direction, the CEO will implement these recommendations.

- **Motion on Tracking Measure H Progress (Item No. 77A, Agenda of June 13, 2017)**

On March 16, 2018, the CEO provided a report back to the Board on progress toward Measure H targets, which the Board directed the CEO to provide in writing every six months. The report provides the first of the six-month progress reports. It consists of the following:

- Homeless Initiative evaluation framework;

- Full list of metrics for each HI Strategy;
- Data from selected Strategy metrics for July-December 2017;
- Screenshots of the first iteration of the Homeless Initiative dashboard; and
- A detailed breakdown of expenditures of the one-time funds allocated to the HI action plan in February 2016.

The report highlights the placement of 8,220 individuals in permanent housing countywide from July – December 2017, approximately 3,350 of whom were placed in permanent housing as a direct result of Measure H.

- **Motion on Sustainable Solutions to Assist Homeless People Living in Recreational Vehicles (Item Number 32, Agenda of January 30, 2018)**

On March 30, 2018, the CEO provided a report back to the Board on options to establish safe parking in the unincorporated areas of Los Angeles County and/or on County-owned properties countywide. The report provides an overview of vehicular homelessness in the County, reviews existing safe parking programs in Los Angeles and elsewhere in California, provides recommendations on necessary components for a safe parking program, describes options for siting safe parking programs, and includes estimated costs and potential funding sources for programs. If the Board directs the CEO to move forward with the development of a safe parking program, the CEO will engage in a planning process involving key stakeholders to determine ideal program design. Further assessment of possible sites, both County and non-County, would occur in consultation with Board Offices. Additionally, County Counsel and CEO Risk Management would engage in further review of the program. Once the program is developed, the CEO would return to the Board for approval to proceed with implementation.

- **Motion on Community Homelessness Education and Engagement Effort (Item No. 11, Agenda of December 20, 2016)**

On April 30, 2018, the CEO submitted the final quarterly report on the progress made toward achieving the Board directives outlined in the Community Homelessness Education and Engagement Effort. Since the last report on March 13, 2017, the CEO and its consultant, Fenton Communications, completed the following activities:

- Fenton finalized the messaging and outreach Toolkit based on feedback from the CEO, Board Offices, the United Way of Greater Los Angeles, supportive housing developers, City of Los Angeles, and County departments;
- Fenton developed the following community engagement materials:
 - Two one-hour webinar presentations on the Toolkit (one geared toward city staff and one geared toward community partners and supporters);
 - Two in-person training modules (one on Messaging and one on Community Outreach) to reinforce the Toolkit recommendations with developers, cities and County staff, and others involved in siting housing;

- One-page summary of the Toolkit in various languages; and
- Additional one-page fact sheets on Supportive Housing, Bridge Housing, and Safe Parking.

The final Toolkit and associated materials will be shared broadly with public and community partners in the ongoing effort to provide education, increase engagement, and maximize support for Permanent Supportive Housing.



CONFERENCE REPORT

2ND Annual Homeless Initiative Conference

*Partnership and Innovation to
Prevent and Combat Homelessness*

February 8, 2018



On February 8, 2018, with the theme of *Partnership and Innovation to Prevent and Combat Homelessness*, over 500 stakeholders, including elected officials, County departments, cities, homeless service providers, business sector, faith-based organizations, academics, foundations, and formerly homeless residents, came together at the 2nd Annual Homeless Initiative Conference. At the event, we reflected on our collective achievements, discussed on-the-ground experiences related to the implementation of Measure H, and planned for the future, recognizing that it will require a sustained collaboration to prevent and combat homelessness.

This Conference Report highlights key activities and discussions that took place at the Conference.

Many community members have stated that participating in efforts to pass and implement Measure H genuinely feels like being part of a “movement.” Our partnerships continue to diversify, as a growing number of jurisdictions, sectors, and coalitions contribute to addressing the human crisis of homelessness. Our collective efforts are demonstrating real results: thousands of people have already accessed help through Measure H-funded outreach and services, which are moving them out of homelessness into more stable housing.

Looking ahead into the second year of Measure H, as increased resources continue to flow into a system that prioritizes a Housing First approach, multi-jurisdictional and sectoral coordination increases, communities mobilize, and as our collective sense of urgency continues to grow, we will prevent and combat homelessness across Los Angeles County jurisdictions and neighborhoods - one family and one individual at a time.



Photo by David Blumenkrantz, MFA



| | |
|--|-----------|
| STATE OF THE HOMELESS INITIATIVE | 4 |
| HOMELESS INITIATIVE IMPLEMENTATION HIGHLIGHTS | 5 |
| LARGE GROUP PANEL SUMMARIES | 7 |
| BREAKOUT SESSION SUMMARIES | 10 |
| FACES OF HOMELESSNESS | 16 |
| APPRECIATION NOTES | 20 |
| ACKNOWLEDGEMENTS | 24 |



“The theme of the conference focuses on partnership and innovation... [O]ver the span of my 30 years here in the County, I can’t think of another time where we have all come together, the County and all of its departments, the cities, service providers, nonprofits, faith-based organizations, philanthropy, the business community, and many others who are working and continue to work on one issue, and that is, homelessness.”

**Sachi Hamai,
Los Angeles County CEO**



On March 7, 2017, Los Angeles County voters resoundingly approved Measure H, a ¼ cent special sales tax dedicated to combatting and preventing homelessness. On June 13, 2017, the Board of Supervisors authorized the expenditure of the first three years of Measure H funds, unanimously approving the funding recommendations originating from a 50-person consensus-based stakeholder group. Just over six months after implementation of Measure H began, providers, communities, and County departments are making the most of the resources that the voters of Los Angeles County have provided. The data already shows the major impact of Measure H. Within the first six months of implementation from July 2017 – December 2017:

- Outreach teams contacted more than 4,000 individuals experiencing homelessness;
- More than 3,300 homeless families and adults were placed in permanent housing; and
- More than 7,000 participants entered crisis, bridge, and/or interim housing.

The funding that Measure H is providing to community-based homeless service providers throughout the County has created a need to hire over 1,000 new staff to assist homeless families and adults. On February 7, 2018, the County of Los Angeles launched a new Website (<http://jobscombattinghomelessness.org>) which provides links to employment opportunity webpages of over 60 community-based homeless service providers around the County, sorted geographically by Service Planning Area (SPA). Those interested in working to combat homelessness should visit the website and explore many exciting employment opportunities.

Thanks to the incredible synergy that has been developed through partnerships with various faith organizations, cities, County departments, Councils of Governments and homeless services providers, implementation of Measure H is moving quickly. We must continue to collaborate and build these relationships, as we continue to combat homelessness throughout the County of Los Angeles.



- **Homeless Prevention Program for Families (Strategy A1)**

From July 2017 – December 2017, 658 families were assisted with prevention services through Family Solutions Centers. Of those 658 families, 143 families exited the program, 92 (64%) of whom, either retained their housing or transitioned into other permanent housing.



- **Partner with Cities to Expand Rapid Re-Housing (Strategy B3)**

From July 2017 – December 2017, 6,110 new participants were enrolled into the Rapid Re-housing (RRH) program, 1,385 RRH participants were placed in permanent housing, and 423 participants obtained employment. A total of 13,716 participants participated in the RRH program (including both new enrollees and those enrolled prior to July 2017).

- **Facilitate Utilization of Federal Housing Subsidies (Strategy B4)**

From July 2017 – December 2017, Housing Authority of the County of Los Angeles (HACoLA) received 193 requests to participate in the Homeless Incentive Program (HIP). Since 2016, HIP has secured 374 rental units and housed 234 homeless individuals and families. The Public Housing Authorities of LA County, LA City, Pomona, Burbank, Pasadena, Redondo Beach, Glendale, Long Beach, and Compton have dedicated 2,089 tenant-based subsidies for permanent supportive housing this fiscal year. HACoLA executed agreements with LA City and Long Beach to provide Measure H funding for landlord incentives; similar agreements are pending with the other participating housing authorities.



- **Interim/Bridge Housing for Those Exiting Institutions (Strategy B7)**

From July 2017 – December 2017, the Department of Health Services (DHS) provided interim housing to 811 individuals who were discharged from institutions, including 378 from jail/prison and 155 from hospitals; 81 participants exited to a permanent housing destination.



- **Countywide Supplemental Security Income (SSI)/Social Security Disability Income (SSDI) and Veterans Benefits Advocacy (Strategy C4/5/6)**

From July 2017 – December 2017, Countywide Benefits Entitlement Services Teams (CBEST) assisted 4,261 disabled individuals with applications for SSI/SSDI and Veterans Benefits, 1,052 individuals were linked to and now have access to mental health services, and 1,212 participants were linked to and now have access to health services.

- **Expansion of Jail In Reach (Strategy D2)**

From July 2017 - December 2017, 2,556 inmates received D2 Jail In-Reach services, and 2,196 inmates were assessed with the VI-SPDAT. From September - December 2017, 139 participants were placed in bridge housing upon release.





- **Provide Services and Rental Subsidies for Permanent Supportive Housing (Strategy D7)**

From July 2017 - December 2017, 1,280 clients were linked to new Intensive Case Management Services (ICMS) slots, 637 clients were approved for federal rental subsidies, 354 clients received local rental subsidies, and 248 clients were placed in permanent housing.



- **First Responders Training (Strategy E4)**

From October 2016 – December 2017, 948 Sheriff's deputies and sergeants were trained and 251 County non-law enforcement first responders were trained, including the Departments of Parks and Recreation, Animal Care and Control, Fire, and Vector Control District. Training for police officers in other municipalities is ongoing.

- **Countywide Outreach System (Strategy E6)**

From July 2017 – December 2017, County outreach teams connected 2,738 individuals to services, placed 441 individuals into interim housing, and linked 359 individuals to a permanent housing program. New program components include a Countywide Web Portal for Outreach Requests and Coordinated Entry System (CES) Outreach Coordinators.



- **Enhance the Emergency Shelter System (Strategy E8)**

From July 2017 – December 2017, contracts were awarded to service providers for 302 new crisis and bridge housing beds for youth and single adults; 7,297 individuals entered crisis housing, bridge housing, and interim housing; and 1,064 individuals were placed in permanent housing. Data includes all participants served in programs funded in whole, or in part by Measure H.

- **Enhanced Services for Transition Age Youth (Strategy E14)**

From July 2016 - December 2017, 3,143 youth were assessed using the Next Step Tool; 308 transitional housing beds for youth became operational under Measure H, and 297 more beds will become available in year two. CES Education Liaisons are being established in all eight SPAs, the Homeless Youth Forum of Los Angeles (HYFLA) is advising the Los Angeles Homeless Services Authority (LAHSA), and a Youth Family Reconnection program is rolling out.





Experiences Implementing Measure H

Moderator: Phil Ansell, *Homeless Initiative*

Panelists: Peter Lynn, *LAHSA*
Cheri Todoroff, *DHS*
Benita De Frank, *City of Pomona*
Va Lecia Adams Kellum, PhD., *St. Joseph Center*
Veronica Lewis, *SSG/HOPICS*



Representatives from provider agencies and city and County departments shared their on-the-ground experiences related to the ramp-up and roll-out of Measure H.

Key Discussion Points

- The importance of relationships – providers, cities, and County departments are building upon the fabric of relationships that developed in the County prior to the launch of the Homeless Initiative and during the initial period of the Homeless Initiative.
- The challenges of scaling up, both with regard to logistics and mission. All entities that are growing with Measure H must establish new processes and structures within their organizations, hire at a very rapid rate, and do so without losing sight of their mission and organizational culture.

“Movement’ has a connotation of going somewhere, taking action, and that is what we’re really doing. We are ending homelessness for people, one person at a time, and that is ending homelessness.”
Supervisor Sheila Kuehl, District 3, Chair of the Board

Implications and Next Steps

- Continue to harness relationships with various entities within the County who are also working to combat homelessness; collaborate to maximize our effectiveness as we grow.
- Be open to new team members who may transform the organization as they become a part of it.
- Make thoughtful and intentional decisions as growth takes place, and frequently assess and evaluate our progress.



Innovating Our Way Through the Housing Crisis

Moderator: Monique King-Viehland, CDC/HACoLA

Panelists: Bill Huang, *City of Pasadena*
Heather Anderson, *Department of Regional Planning, County of Los Angeles*
Justin Dae, *Brilliant Corners*
Kris Freed, *LA Family Housing*
Rushmore Cervantes, *Housing & Community Investment Dept., City of Los Angeles*



"We are not in a place that we can leave anything behind, and if we need to do more, we should... I'm really here to say we are with you, we're partners, and we have a long road ahead of us."
Supervisor Hilda Solis, District 1

In Los Angeles County, there is a shortfall of over 500,000 affordable units for low-income households. The challenges associated with creating affordable and supportive housing are greater than ever, but with those challenges come great opportunities to explore innovative solutions.

Key Discussion Points

- Most pressing challenges to affordable/supportive housing development involve siting of projects, reductions in federal funding sources, increasing rents, and difficulties with finding landlords willing to accept vouchers.
- Innovative strategies to help overcome challenges to supportive housing include:
 - Jurisdictions acting and developing a game plan in response to a series of State bills enacted in 2017.
 - Streamlining the development process with ordinances to expedite the approval process.
 - City of Los Angeles and County exploring modular construction and motel conversion for permanent supportive housing and interim housing.
- Existing financing/funding mechanisms for alternative housing models include Flexible Housing Subsidy Pool, which connects chronically homeless individuals to a rental subsidy for housing and intensive case management.
- Partnerships must be forged with the private sector, as well as the public and non-profit sector, to advance innovative housing solutions.
- Government should listen to direct service providers to understand what is happening and where innovation can take place.
- Government needs to communicate outwardly and message regionally, as well as talk to state legislators to advocate for further change.

Implications and Next Steps

- Provide education about homelessness to elected officials, local mayors, and councilmembers to gain support for Permanent Supportive Housing (PSH).
- Remove barriers for housing developers and shorten length of time it takes to complete a project.
- Embrace new types of relationships and partnerships outside of non-profits and social service sector.
- Explore multiple financing mechanisms and offer incentives for the private sector to partner with public sector and contribute their resources.
- Incentivize and streamline development of PSH by supporting innovative design/nontraditional housing models, and preserve existing PSH units.



A Dialogue with Youth Advocates with Lived Experience

Moderator: Will Lehman, LAHSA

Panelists: Erika Herod, *Safe Place for Youth*
Holly Salmon, *LA LGBT Center*
Miracle Spicer, *Homeless Youth Forum of Los Angeles, LAHSA*
Alison Hurst, *Safe Place for Youth*
Simon Costello, *LA LGBT Center*
Andrea Marchetti, *Jovenes, Inc.*

On a daily basis, homeless youth confront harrowing circumstances related to survival. Drawing on their personal experiences living with homelessness, youth advocates focused on: unique needs of this vulnerable population; successful Youth Coordinated Entry System (CES) enhancements and expansion; resource needs; and what it takes to effectively combat youth homelessness.

Key Discussion Points

- Youth CES was successfully established and expanded with an infusion of Measure H funding for stronger outreach, resulting in an increase in youth being assessed; however, there is a need for more case management and housing.
- Transition aged youth (TAY) and minors have different experiences with homelessness compared to adults: how the current system measures access to services does not apply to TAY and youth.
- A stable home with a strong support system is vital for homeless TAY to achieve self-sufficiency and reach their optimal potential. For example, without a home, it is very difficult to stay in school.
- Homeless TAY are not aware of the resources available to them; these resources could have expedited their housing or even prevented homelessness in the first place.
- Homeless TAY lack resources to strengthen their job readiness to secure a meaningful job that pays the bills and helps them to be on a career path of their choice.
- Sense of empowerment is vital for homeless TAY. For example, being involved in advocacy helps the homeless TAY to continue to strive for stability and success.
- Homeless LGBTQ TAY face even greater stigmatization; gender identity is a significant barrier to accessing services and feeling accepted.

Implications and Next Steps

- Expand housing and case management capacity in the youth system. Continue to promote the Housing First Model to serve homeless TAY.
- When outreaching to TAY, be cognizant of their unique situations in order to effectively serve them.
- Strengthen coordination to increase awareness among homeless TAY, so they can better access services. In particular, seek opportunities to strengthen and expand services that focus on job readiness and creating more jobs for homeless youth.
- Community engagement is important to increase awareness of youth homelessness. Social media/apps can be effective in 1) reaching homeless TAY, and 2) can be used to educate the community that homeless TAY are not lazy, but are trying every day to achieve self-sufficiency. Consider sharing progress of how young people succeed, including photos.



“Homelessness is a moral crisis which will define our civic legacy in the eyes of future generations. There can be no conscientious objectors in this fight. With Measure H, we can scale up our compassion, our innovation. We cannot be timid in the face of this crisis.”

Supervisor Mark Ridley-Thomas, District 2





Outreach and Engagement: Lessons Learned from Street to Home

Moderator: Colleen Murphy, LAHSA

Panelists: Lt. Geoff Deedrick, *Sheriff's Department*
 Maria Funk, PhD, *Department of Mental Health*
 Meredith Berkson, *People Assisting the Homeless*
 Shari Weaver, *Harbor Interfaith*
 Zue Villareal, *Whittier Area First Day Coalition*



"At the end of the day, homelessness impacts each and every one of us, whether it be through a family member, or through living in our community, through quality of life."
Supervisor Katherine Barger, District 5

A coordinated outreach and engagement system is vital for connecting people living on the street, with permanent homes. The discussion focused on how the model for the implementation of Homeless Initiative Strategy E6, *Countywide Outreach System*, strengthens coordination and serves as the "Air Traffic Controller" for deployment of the right outreach teams to respond to particular community needs.

Key Discussion Points

- Strong coordination of the various street-based outreach teams is critical to the success of this strategy.
- Extensive efforts have been made in the rapid and large-scale expansion of outreach teams and their training.
- The collection of data from outreach teams, including evaluating the impact of outreach teams, is essential.
- Relationship building, which takes time and patience, is a key component of outreach.
- Having specialized disciplines on the Multidisciplinary Teams (MDTs) has been very successful.
- Law enforcement's involvement with outreach teams is to ensure staff safety, set the tone for trust and engagement, and help build bridges to needed County services.
- Strong community collaboratives are vital to being able to serve the complex needs of people experiencing homelessness.
- Centralized coordination of outreach teams need to navigate the fine line between "proactive" outreach and "reactive" outreach to make a meaningful impact on street-based homelessness. More "proactive" outreach will result in less "reactive" outreach.
- There is a significant need for additional resources. The reality is that even if a person agrees to shelter, there often aren't sufficient beds available. When resources are not available, people experiencing homelessness may lose faith in the system which can jeopardize relationships that have been built.

Implications and Next Steps

- Create opportunities for community education and active engagement. Many community members want to know how they can volunteer to support the efforts.
- Need to be creative and nimble in bringing on additional resources. Partnerships with faith community should be encouraged.
- Need to be able to adjust and make enhancements to the outreach system based on ongoing experience. LAHSA and the Health Agency are working together to establish combined training modules to support ongoing training needs.
- Encourage transparency in data collection.



Prevention and Diversion: Let's Dive In!

Moderator: Maia Eaglin, *St. Joseph Center*

Panelists: Luther Evans, *Department of Public Social Services*
Josh Hall, *LAHSA*
Greg Spiegel, *Inner City Law Center*
Alynn Gausvik, *LA Family Housing*

Prevention and diversion are important components of a community's crisis response to homelessness. Los Angeles County has historically used its limited resources to combat homelessness by assisting the "literally homeless" population. With Measure H, we now have significantly more resources to put behind these two critical strategies. As providers around the County ramp up their efforts on prevention and diversion, this session focused on deepening participants' understanding of each strategy; distilling best practices based on participants' experiences, including methods for prioritization and targeting; and meeting providers' needs to ensure effective implementation.

Key Discussion Points

- It is important to prioritize and target prevention/diversion services. Panelists believed that, in some cases, the poorest participants may have the best chance of keeping their housing if provided with prevention resources.
- Intervention after an individual becomes homeless is much costlier for the individual and society.
- Fair housing, employment, and racism must be addressed as prevention and diversion processes are implemented.
- Collaboration between legal teams and case managers is critical to avoid evictions.
- Private funding, e.g., philanthropy, can be used to create more flexible funds.
- Challenge of data collection; particularly for diversion services; difficult to measure outcomes because diversion participants are not entered into the homeless delivery system. Systematic reporting of legal intervention and barriers to prevention and diversion is needed.

Implications and Next Steps

- Protect people in rent-stabilized housing from losing their housing and avoid the elimination of such housing from the market.
- Need to have funding behind diversion to ensure there are resources ready for participants to get housed.
- As of February 1, 2018, LAHSA has launched a Measure H-funded prevention program for individuals, in addition to the existing family prevention program.
- In an effort to have more robust legal services, LAHSA has awarded and enhanced legal services contracts.
- LAHSA is continuing to provide training to DPSS case workers on best practices.
- Data collection techniques are being refined and improved.



Breaking the Cycle of Homelessness and Incarceration

Moderator: Corrin Buchanan, *Office of Diversion and Reentry, DHS*

Panelists: Chief Jim Hellmold, *Sheriff's Department*
Detective Chris Zamora, *City of Long Beach*
Michael Graff-Weisner, *Chrysallis*
Chauntee Coleman, *SSG/HOPICS*

Homeless individuals face serious barriers to housing, services, and employment when they have criminal records and/or when their behavior is criminalized for low-level activities. The County Homeless Initiative strategies, as well as the work of the County's Office of Diversion and Re-entry (ODR), are designed to help justice-involved homeless adults overcome these barriers and achieve self-sufficiency. The questions that guided this breakout session focused on how the Homeless Initiative justice-related strategies are currently working and the opportunities to combat homelessness among people involved in the criminal justice system.

Key Discussion Points

- Homelessness and incarceration are mutual risk factors and LA County administers several innovative programs that aim to reduce recidivism and improve health outcomes for vulnerable homeless individuals.
- Twenty-percent of those incarcerated in LA County jails are homeless, and thirty-percent of these are mentally ill.
- Sheriff deputies are trained to work with DMH, DHS, and LAHSA in crisis intervention and de-escalation with a goal of not arresting homeless persons; homelessness is not a crime.
- Law Enforcement Assisted Diversion (LEAD) approach is used by officers to contact a case manager for homeless persons under the influence. The narcotics are booked as evidence, but after a court-appointed program is completed by the homeless individual, all charges are dropped.
- Service providers use a "client driven services approach" to meet clients "where they are" and connect them to needed services, with the housing placement as the core goal of the program.
- The Jail In-Reach (JIR) program connects those who identify as homeless while jailed to the CES upon release from jail, with the goal of releasing inmates to shelter or other housing in lieu of the streets.
- The ODR utilizes a "coordinated release" process to house inmates upon release from the County jail system. Over 1,000 inmates have been housed; the target goal is to house 500 per year.
- Breaking Barriers is a program focused on skill building, job readiness, and scholarship/stipend funding, with the ultimate goal of providing permanent housing. The program currently has 200 participants.

Implications and Next Steps

- Housing placement is a core goal for service providers.
- Law enforcement professionals must be trained in crisis intervention and de-escalation with the goal of not arresting homeless persons.
- The "coordinated release" from jail process is possible due to the involvement from judges, the Public Defender, and Alternate Public Defender.



Supportive Housing: How We'll Built It Everywhere

Moderator: Frank Romero-Crockett, *Home for Good*
United Way of Greater Los Angeles

Panelists: Dora Leong Gallo, *A Community of Friends*
Helmi Hisserich, *Housing and Community Investment Dept., City of Los Angeles*
Lisa Gritzner, *LG Strategies*
Richard Bernard, *FM3*

Securing the funding to build supportive housing is a critical piece of the puzzle, but it is not the only necessary piece to be successful. Political and community support are key to successfully siting and developing supportive housing, but often the absence of information creates a storm of confusion and fear that can delay or even halt a project.

This session focused on research-tested messaging and public engagement strategies to build support for developing supportive housing projects, as well as a discussion of strategies and tactics for securing the political support that these projects need to be built.

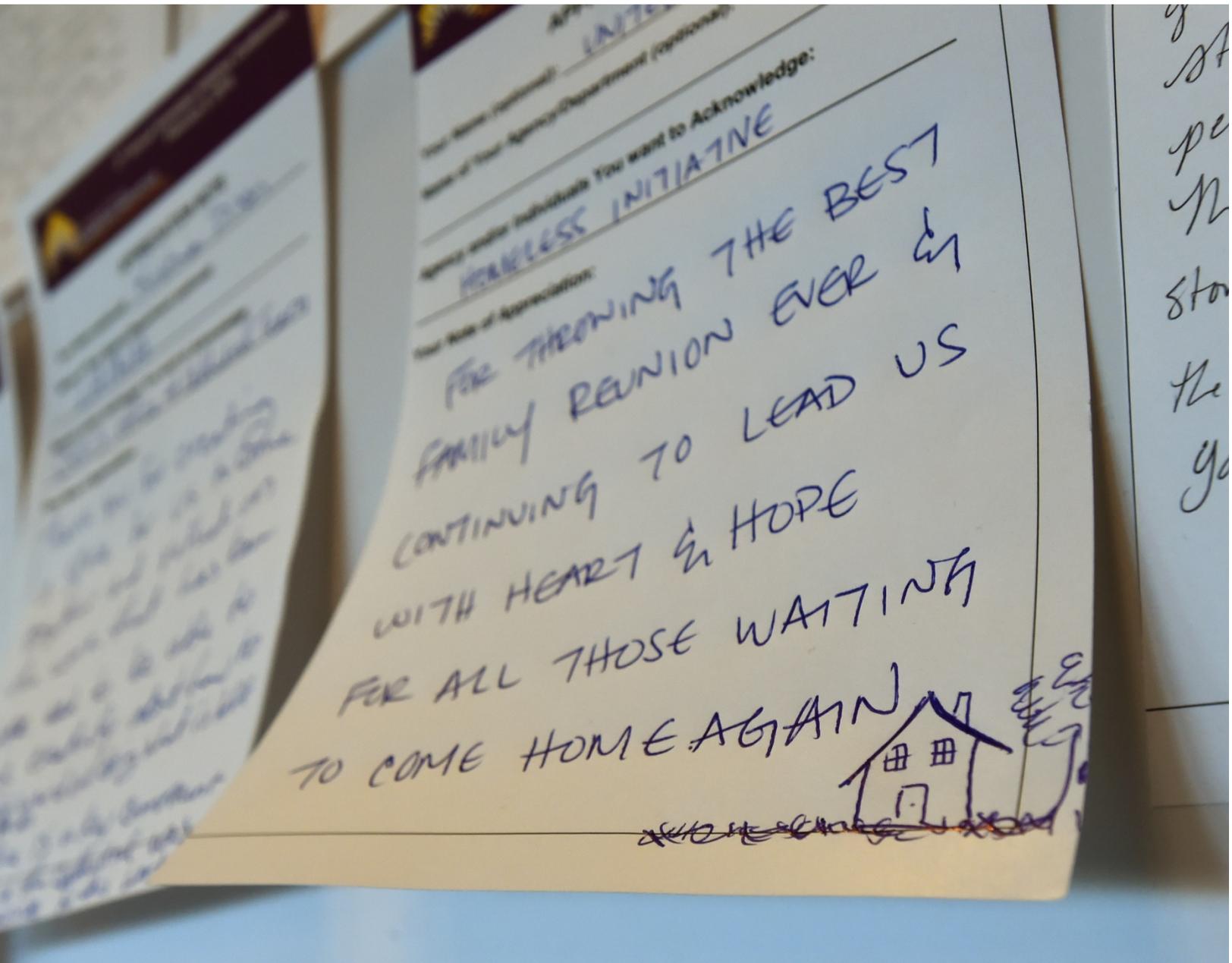
Key Discussion Points

- The significant challenges in siting permanent housing:
 - Finding vacant/suitable land in the County's housing market.
 - Political will has shifted in favor of siting supportive and affordable housing, but each jurisdiction still must do its part.
 - Strategic communication with the community is imperative if progress is to be made.
- First steps toward securing approvals:
 - To avoid misinformation and confusion in the community, developers, advocates, and the public sector must ensure strong messaging and thoughtful building designs are in place and communicated to the community.
- Key issues that address misperceptions:
 - Focusing on public safety, accountability, and sensitivity to the community.
 - The appearance of the buildings and the packaging of housing to include vocational, mental health, substance abuse, and other services to aid with transition into new housing.
 - Rethink the use of the word "permanent" and avoid framing housing construction as the only solution to homelessness.
- Strategies for constructing supportive housing on public land:
 - Working in partnership with City of Los Angeles looking at publicly-owned opportunity sites - i.e. public parking lots, lands in foreclosure, donations from banks, etc.
 - Addressing the difficulty of managing rapidly growing programs and city bureaucracy, using advanced technology solutions.
 - Developing partnerships with foundations to aid with funding for pre-development work and housing developers.
- Addressing challenges in creating political will:
 - Use data to understand the community and communicate with key community representatives who can help bring support from many groups.
 - Acknowledge representatives who have helped with creating political will.
 - Lead with communication about why supportive housing is needed and repeat messaging in different formats.



Implications and Next Steps

- Need to fill knowledge gaps and address community concerns in a consistent and tenacious manner.
- Need to get all parties (e.g. architect, case managers, organizers) to be on the same message.
- General public does not understand terms such as “supportive services” and “non-profit developer” so we need to clearly and consistently define these terms to prevent misinformation.
- The word “permanent” connotes to the public that this will be paid for, forever; it’s a handout, there’s no incentive to leave.
 - Supportive housing is a permanent solution to get someone from homelessness to home.
- Never turn your back on the community – build consistent messaging and engage community partners throughout process.
- Develop and implement strategies to keep community relationships strong to address any future concerns as quickly as possible.



Scaling Up: Capacity-Building for Measure H

Moderator: Phil Ansell, *County Homeless Initiative*

Panelists: Emily Bradley, *Home for Good, United Way of Greater Los Angeles*
Hazel Lopez, *The People Concern*
Ryan Izell, *Union Station Homeless Services*
Sarah Mahin, *LAHSA*

Measure H has provided an unprecedented amount of funding for homeless services and programs, putting tremendous pressure on service providers to rapidly ramp up and build capacity. How are providers building the infrastructure to appropriately address the influx of funding and clients, and the associated need for staff and space?

Key Discussion Points

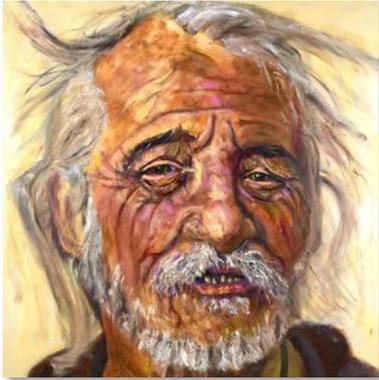
- Subcontracting has been a challenge. Risk assessment, monitoring and compliance are areas of concern for providers who have subcontractors.
- Expansion/New Office Space – Agencies are experiencing space issues due to influx of new staffing. Telecommuting and hoteling for staff who spend substantial time in the field were discussed as options. Some property owners are reluctant to lease to homeless service providers because they are concerned about people experiencing homelessness coming to their property.
- Capacity Building Consultants – LAHSA and United Way are funding current and prospective providers to bring on consultants to help build capacity.
- Staff recruitment has been difficult because of the substantial number of positions that need to be filled. Solutions include job fairs and the new County Homeless Initiative website (JobsCombatingHomelessness.org).
- New Staff Training – Homeless Healthcare Los Angeles provides standardized training for new staff from any agency in the homeless services delivery system. This allows for consistent training for all new employees in the system.
- Actions taken to broaden network of providers:
 - DHS - ICMS Master Agreement: Qualifying new providers can be added to this list at any time.
 - LAHSA – Simplified RFSQ process: New agencies can apply to become authorized LAHSA contractors, which then allows them to respond to future procurement opportunities. Agencies that initially fail to qualify can receive assistance from LAHSA and from LAHSA-funded technical assistance providers.

Implications and Next Steps

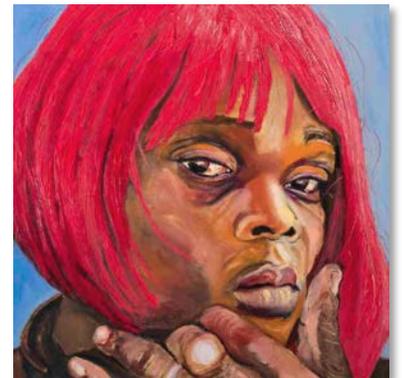
- Coordination of capacity building efforts for smaller homeless service providers (subcontractors) including:
 - Coordinated homeless service provider staff trainings;
 - Continued support in homeless services recruiting efforts.
- Assessment of existing contract opportunities for smaller homeless service providers (subcontractors) to evaluate where barriers exist.



FACES OF HOMELESSNESS
Thank You for Your Contribution



*“We are all just one thin
experience away from
ending up on the
streets.”*



Stuart D. Perlman, PhD
*Artist with compassion and
determination to combat
homelessness through
compelling, humanizing
portraits of people
experiencing homelessness.*



“If you could say something about yourself to anybody, what would it be?”

Hans Gutknecht
Los Angeles Daily News
photographer driven by a
need to show the
humanity of the thousands
of people who sleep on
L.A. County streets.



FACES OF HOMELESSNESS

Thank You for Your Contribution



David Blumenkrantz, MFA
A photography and visual communication educator for more than 20 years, David is presently involved in the One of Us project which aims to humanize homelessness through advocacy, portraiture and oral histories.



Welcome to Skid Row



**Various Artists from
 The People Concern's
 Studio 526**

A provider of integrated services to the most vulnerable and traumatized members of the community in need of assistance.



Skid Row Neighborhood Voice



**Sam Randolph
Speak Up!
Corporation for
Supportive Housing**

"I appreciate the determination you had to want to do better for not only yourself, but your child as well. I'm inspired by your efforts and achievements. I appreciate that you continue to thrive and go for what brings you peace. I admire the fact that you never gave up and you made a role model of yourself for your son but others as well who will look and see the accomplishments and it will motivate them.

He has powerful words and words of wisdom. I hope to be as outspoken as you are. Your words and story showed me that anything is possible as long as you try and have your heart set on it."

- Erika Herod, *Safe Place for Youth*

**Will Lehman
LAHSA**

"Will stepped in as the Youth CES Manager at a time of immense activity and change. Will's dedication to serving youth, to partnering with agencies, and to sustaining the momentum built in the 100-day challenge and first year of YCES is inspiring and helps our entire system during this fast paced, at times frenetic, chapter."

- Anonymous, *Safe Place for Youth*

**Holman United
Methodist Church**

"I have an overwhelming gratitude to Pastor Kevin Sauls, Rev. Buie, Jennifer Blannon, and the Holman UMC congregation for always supporting SOH and our vulnerable and resilient TAY. I know that I can always count on the church leadership and congregation for your moral guidance, activism, and mobilization to create a better community for our TAY that is filled with love, hope, and wholeness. I love you and give you a great big hug."

- Janet Denise Kelly, *Sanctuary of Hope*

**CEO's Office &
Cathedral Team**

"Thank you for creating a space for us to come together and reflect on the work that has been done and to be able to think creatively about how to move forward with doing what is left to do.

The space is a key component of that and the cathedral was very conducive for this work."

- Krisina Dixon, *LAHSA*

**Libby Boyce
Department of Health Services**

"We go way, way back when working on the homeless issue was not popular. Thank you for your patience and for teaching me so much. Your passion is contagious so please continue to inspire us!"

- Margarita Lares, *CDC/HACoLA*



**Phil Ansell
County Homeless Initiative**

“Listening to Phil address the state of the Homeless Initiative was so inspiring. Obtaining consensus between so many agencies was unprecedented, but you and your team proved it’s possible. There are countless moving pieces to this initiative, and they are continuing to move – nothing is stalled. I particularly liked your switching of mindset from “yes, but” to “yes, and” I will aspire to do the same. Thank you.”

- Anonymous, *County of Los Angeles, Department of Parks and Recreation*

St. Joseph Center Team

“Thanks for your commitment to advancing the goals of Measure H and for maintaining a ‘Heart’ for the work.”

- Va Lecia Adams Kellum, *St. Joseph Center*

**CSH + The Speak-Up Program
Conrad N. Hilton Foundation**

“Thank you for continuing to give voice to the most profound stories. Thank you to the brave people who participate in the program. Thank you for being vulnerable. Your stories inspire people to do better in the work to prevent and end homelessness. You are all so appreciated.”

- Amy Turk, *Downtown Women’s Center*

**Maria Funk, PhD
Department of Mental Health**

“It’s been a wonderful journey working with you and DMH! You have provided priceless training and emotional support to our staff. You are always there for us, and have made our work so much more rewarding. Let’s keep it going!”

- Margarita Lares, *CDC / HACoLA*

**LA County Board of Supervisors,
Chief Executive Office,
Homeless Initiative, and
All of Our Outreach Partners**

“Thank you for your support and the opportunity to serve those Angelenos most in need! The past 7 months of my 27-year County career have been the most challenging but also the most rewarding!”

LASD – HOST is dedicated to combatting homelessness, one homeless person at a time. God Bless!”

- Deputy Rodney Gutierrez,
LA County Sheriff’s Homeless Outreach Services Team



**Joey
Allison
Maria
Anita**

“Thank you for being an amazing staff and giving so much of yourself to end youth homelessness. You are all amazing individuals. Keep up the fantastic work.”

- Janet Denise Kelly, *Sanctuary of Hope*

**Reese McCants
Kedren Acute
Psychiatric Hospital
and Community
Mental Health
Center**

“Mr. McCants works tremendously hard for all of the clients he speaks to. He makes sure, not only are they prepared for applying, qualifying, and successfully getting housing, BUT informs our providers (e.g. therapist) about housing changes. He’s been so dedicated for so many years to Kedren, I have to acknowledge him of his hard work and dedication.”

- Ashley V. Scott, *Kedren Community Health Center*

**Colleen Murphy
LAHSA**

“I appreciate Colleen’s passion to help our community take advantage of the arrival of E6 resources, and to take her time to physically attend meetings in Hollywood to help all the entities who do outreach start to work collaboratively.”

- Kelly Morrison, *Hollywood 4WRD*

Boots on the Ground at SPY

“I am deeply grateful for the passion and commitment the team at SPY shows every individual young person that walks into our ‘Hub of Hope’ in Venice; and inspired by the young people that endure unimaginable experiences while unhoused, but show incredible resiliency and ability to transform their lives.”

- Alison Hurst, *Safe Place for Youth*

**All of our resilient
South LA TAY**

“We appreciate the resiliency you demonstrate every day despite the devastating circumstances you encounter socially and environmentally.

Your hard work and determination to better your lives through education, employment, and mentorship does not go unnoticed.

We are here to uplift you and acknowledge your courage and strength. HARAMBEE”

- Anonymous, *Sanctuary of Hope*



**Corporation for Supportive Housing,
Department of Mental Health and
LA Family Housing**

“Without the help of DMH and LAFH, I would still be on the streets. DMH, over 5 years ago, gave me the opportunity to heal at my own pace. Supportive Housing allowed me to heal in a safe place.

CSH gave me a voice for my story of homelessness.

Thank you everyone who helped me, again thank you!”

- Emily M., *CSH – Corporation Supportive Housing*

**Cheri Todoroff
Department of Health Services**

“Congratulations on the success of your Housing for Health Program. This is a true example of, ‘Where there is a will, there is a way.’ Also, thank you for the many years of partnering with us, and looking forward to many more.”

- Margarita Lares, *CDC/HACoLA*

**Jan Cicco
San Gabriel Valley
Council of Governments**

“Jan has been a leader and champion in addressing homelessness in Pomona and has taken on the role of bringing her ideas and organization to all the cities in SPA3. She is smart, talented and kind, and I am so glad to see her address homelessness not just in Pomona but in all of the SGV.”

- Anonymous

**Pamela Griffin
Valley Oasis**

“Pam is our champion in Service Area 1. We have so many challenges that are unique to the AV. She works incredibly hard and always has a smile. She is also always available to collaborate and help other initiatives. She must work 22 hours a day!”

- Michele Archambeault, *Los Angeles County, Department of Mental Health*

Thank you for taking the time to write an appreciation note! They help provide motivation and encouragement for everyone involved.



*Thank you all for your sustained support and creativity,
and for making the 2nd Annual Homeless Initiative
Conference possible.*

Invocation: Yolanda Brown, PhD., *Blessed Sacrament Parish Community*

Resource Tables Provided by:

Community Development Commission of the County of Los Angeles (LACDC)

Housing Authority of the County of Los Angeles (HACoLA)

Los Angeles County Department of Children and Family Services (DCFS)

Los Angeles County Department of Mental Health (DMH)

Los Angeles County Department of Regional Planning (DRP)

Los Angeles County Sheriff's Department – Homeless Outreach Services Team (LASD - HOST)

Valley Oasis – SPA 1 CES

LA Family Housing – SPA 2 CES

Union Station Homeless Services – SPA 3 CES

The People Concern – SPA 4 CES

St. Joseph Center – SPA 5 CES

Homeless Outreach Program Integrated Case System (HOPICS) – SPA 6 CES

People Assisting the Homeless (PATH) – SPA 7 CES

Harbor Interfaith Services – SPA 8 CES



Event Sponsors:

**United Way Greater Los Angeles
Conrad N. Hilton Foundation**







Los Angeles County Homeless Initiative Impact Dashboard

July - December 2017

Click on an icon to see population / funding specific results:



All



People in Families



Single Adults



Veterans



Youth



Outcomes Funded by Measure H

Interim Housing¹



12,248

people were sheltered / served in interim housing

Permanent Housing



8,220

people were permanently housed

Homelessness Prevention^{2 3}



5,870

people in families were prevented from becoming homeless

Measure H Goal:

House 45,000 People in 5 Years (All Populations)



8%
Progress to Goal

[Link to LA City Dashboard \(coming soon\)](#)

Methodology and Notes

Outcomes presented on this dashboard are for the Los Angeles County Homeless Service Delivery System as a whole. To see what portion of these outcomes are the result of Measure H, click on the "Outcomes funded by Measure H" icon above.

Developed in partnership with:





Click on an icon to see population / funding specific results:



Interim Housing¹



2,411

people were sheltered / served in interim housing

Permanent Housing



2,619

people were permanently housed

Homelessness Prevention^{2 3}



5,870

people in families were prevented from becoming homeless

Methodology and Notes

Outcomes presented on this dashboard are for the Los Angeles County Homeless Service Delivery System as a whole. To see what portion of these outcomes are the result of Measure H, click on the "Outcomes funded by Measure H" icon above.

[Link to LA City Dashboard \(coming soon\)](#)

Developed in partnership with:





Click on an icon to see population / funding specific results:



Interim Housing¹



9,837

people were sheltered / served in interim housing

Permanent Housing



5,601

people were permanently housed

Homelessness Prevention^{2 3}



(See Note 2)

Methodology and Notes

Outcomes presented on this dashboard are for the Los Angeles County Homeless Service Delivery System as a whole. To see what portion of these outcomes are the result of Measure H, click on the "Outcomes funded by Measure H" icon above.

[Link to LA City Dashboard \(coming soon\)](#)

Developed in partnership with:





Click on an icon to see population / funding specific results:



Interim Housing¹



1,313

people were sheltered / served in interim housing

Permanent Housing



1,301

people were permanently housed

Homelessness Prevention^{2 3}



363

people in families were prevented from becoming homeless

Methodology and Notes

Outcomes presented on this dashboard are for the Los Angeles County Homeless Service Delivery System as a whole. To see what portion of these outcomes are the result of Measure H, click on the "Outcomes funded by Measure H" icon above.

[Link to LA City Dashboard \(coming soon\)](#)

Developed in partnership with:





Click on an icon to see population / funding specific results:



Interim Housing¹



1,257

people were sheltered / served in interim housing

Permanent Housing



733

people were permanently housed

Homelessness Prevention^{2 3}



419

people in families were prevented from becoming homeless

Methodology and Notes

Outcomes presented on this dashboard are for the Los Angeles County Homeless Service Delivery System as a whole. To see what portion of these outcomes are the result of Measure H, click on the "Outcomes funded by Measure H" icon above.

[Link to LA City Dashboard \(coming soon\)](#)

Developed in partnership with:





Click on an icon to see population / funding specific results:



Interim Housing¹



7,297

people were sheltered / served in interim housing

Permanent Housing



3,350

people were permanently housed

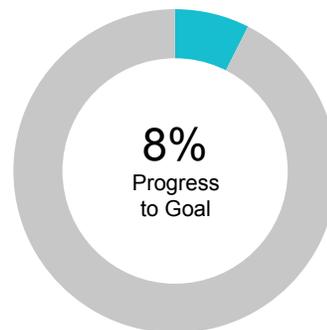
Homelessness Prevention^{2 3}



(See Note 3)

Measure H Goal:

House 45,000 People in 5 Years (All Populations)



8%
Progress
to Goal

Methodology and Notes

Outcomes presented on this dashboard are for the Los Angeles County Homeless Service Delivery System as a whole. To see what portion of these outcomes are the result of Measure H, click on the "Outcomes funded by Measure H" icon above.

[Link to LA City Dashboard \(coming soon\)](#)

Developed in partnership with:





BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

JEFFREY D. GUNZENHAUSER, M.D., M.P.H.
Interim Health Officer

CYNTHIA A. HARDING, M.P.H.
Chief Deputy Director

313 North Figueroa Street, Room 806
Los Angeles, California 90012
TEL (213) 240-8117 • FAX (213) 975-1273

www.publichealth.lacounty.gov



BOARD OF SUPERVISORS

Hilda L. Soils
First District

Mark Ridley-Thomas
Second District

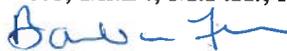
Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

April 5, 2018

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director 

SUBJECT: **UPDATE ON PROGRESS TO ABATE ELEVATED HEXAVALENT CHROMIUM LEVELS IN THE CITY OF PARAMOUNT**

On December 20, 2016, your Board instructed the Department of Public Health (DPH) to report back on the progress to abate the endangerment posed by elevated hexavalent chromium ("Chromium-6") emissions in the City of Paramount. DPH has reported to the Board on this issue since January 2017, with the last quarterly report dated January 19, 2018. This quarterly report provides information on five key elements of the interagency response: status of the interagency team, air quality monitoring, enforcement, public communication, and rulemaking activity.

Status of the Interagency Team

Since December 2016, DPH has been a member of the interagency team consisting of the South Coast Air Quality Management District (SCAQMD), Los Angeles County Fire Department, California Department of Toxic Substances Control (DTSC), California Environmental Protection Agency (CalEPA), California Air Resources Board (CARB), and the Long Beach Department of Health and Human Services. As of January 2018, the interagency team has discontinued regular meetings, as SCAQMD and these agencies have shifted resources from investigating Chromium-6 in Paramount to related issues more broadly across the county of Los Angeles and within other cities. DPH continues to work with these agency partners and surrounding cities as needed on an individual basis.

Air Quality Monitoring

Air quality monitoring by SCAQMD is focused on several geographic areas: compliance monitoring points previously established outside of the Anaplex and Aerocraft facilities, the southern investigation area approximately a half-mile south of these facilities, and two area schools within the Paramount Unified School District (PUSD). As reported in the previous update, SCAQMD released a summary report in December 2017 highlighting reductions in Chromium-6 in outdoor air within the industrial areas of the City of Paramount. Currently, there are 16 monitors operating in the community of Paramount and 2 monitors at schools. Reduced levels have been maintained over the last quarter.

Each Supervisor

April 5, 2018

Page 2

The monthly average in industrial areas of Chromium-6 concentrations for the quarter ranged from 0.4 to 0.5 nanograms per meter cubed (ng/m^3) (see Attachment I). For residential and school areas, monthly average Chromium-6 concentrations ranged from 0.2 to 0.9 ng/m^3 (see Attachment I). These levels are slightly above the significant long-term health risk level of 0.2 ng/m^3 , and remain higher than typical ambient levels (0.04-0.1 ng/m^3).ⁱ

Area Schools

In October 2017, Supervisor Hahn directed DPH to conduct follow-up indoor air testing in PUSD classrooms. Over the last six months, DPH has met with PUSD on multiple occasions to develop a sampling protocol at several PUSD schools. While the sampling protocol has been agreed upon, PUSD has continues to deny access unless DPH agrees to overly broad indemnification language that Counsel and DPH believe would place an undue burden on the County. This impasse leaves continued uncertainty as to whether conditions in the schools pose a threat to the health of students and staff.

Enforcement

Anaplex and Aircraft

When Chromium-6 emissions at the compliance monitoring points outside of Anaplex and Aircraft exceed 1 ng/m^3 , SCAQMD requires shut-down of all operations that contribute to Chromium-6 emissions. On February 26, 2018, SCAQMD ordered Anaplex to shut down all operations that emit Chromium-6, after air monitors detected elevated levels at outside the facility. This is the fifth time SCAQMD has ordered Anaplex to curtail its operations since the Hearing Board adopted its order in January 2017.

Carlton Forge Works:

On January 2, 2018, Carlton Forge Works implemented additional measures in its grinding room to control odors. SCAQMD reports that in the months since the new controls were put in place, odor complaints have significantly decreased.

Public Communication

DPH continues to provide information and health education material to Paramount residents by email, phone, in-person meetings, and through online resources. The frequently asked questions (FAQ) document for community members was also updated to include the most recent air monitoring results (see attachment II).

Rulemaking Activity

SCAQMD is currently updating its Rule 1469, which covers facilities that conduct chromium electroplating or chromic acid anodizing operations. The updated Rule seeks to establish requirements for hexavalent chromium-containing tanks that are currently unregulated by the existing Rule 1469. These requirements include building enclosures, enhanced housekeeping and best management practices, periodic source testing, and permanent total enclosures for facility areas where chromium-containing tanks are located. To inform SCAQMD's rulemaking process, DPH hired a contractor to research technologies to control emissions and alternatives to using Chromium-6 in industrial processes. The contractor will submit a written report to DPH that will be shared with SCAQMD. SCAQMD is expected to schedule the next public hearing related to the proposed Rule 1469 in May 2018.

Each Supervisor
April 5, 2018
Page 3

DPH will continue to work closely with SCAQMD, the Fire Department, and County Counsel to report quarterly on progress to protect the public's health in the City of Paramount.

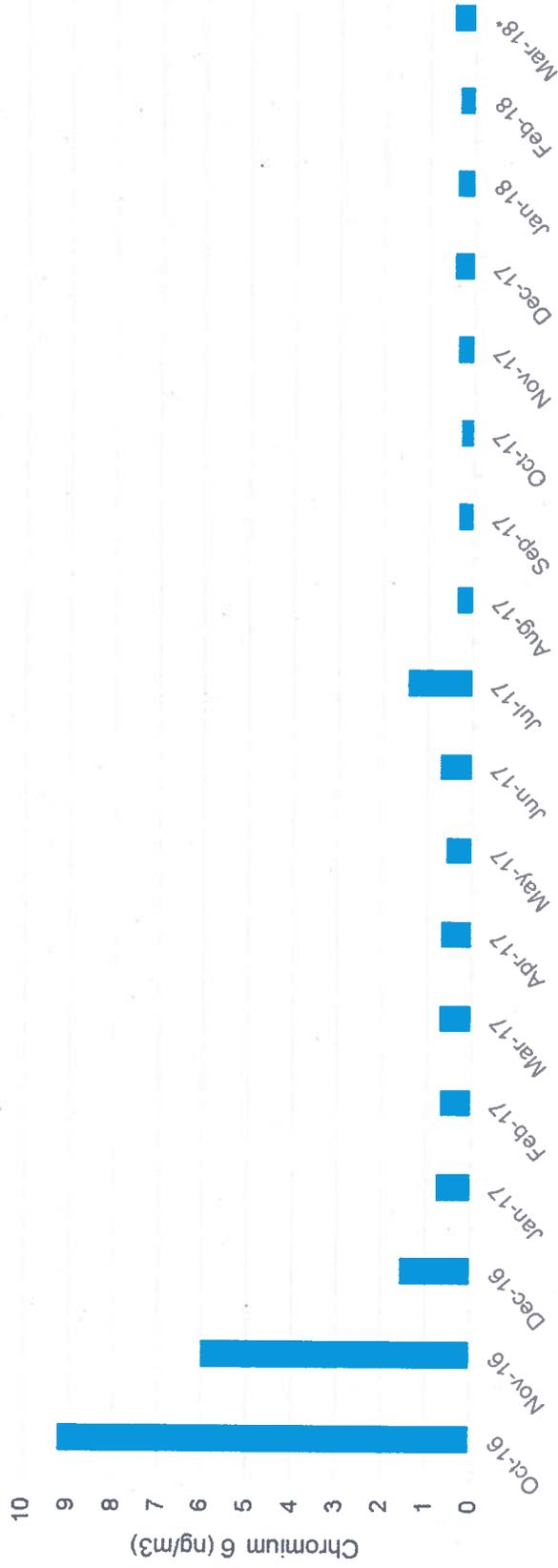
If you have questions or need additional information, please let me know.

BF:ab

Attachments

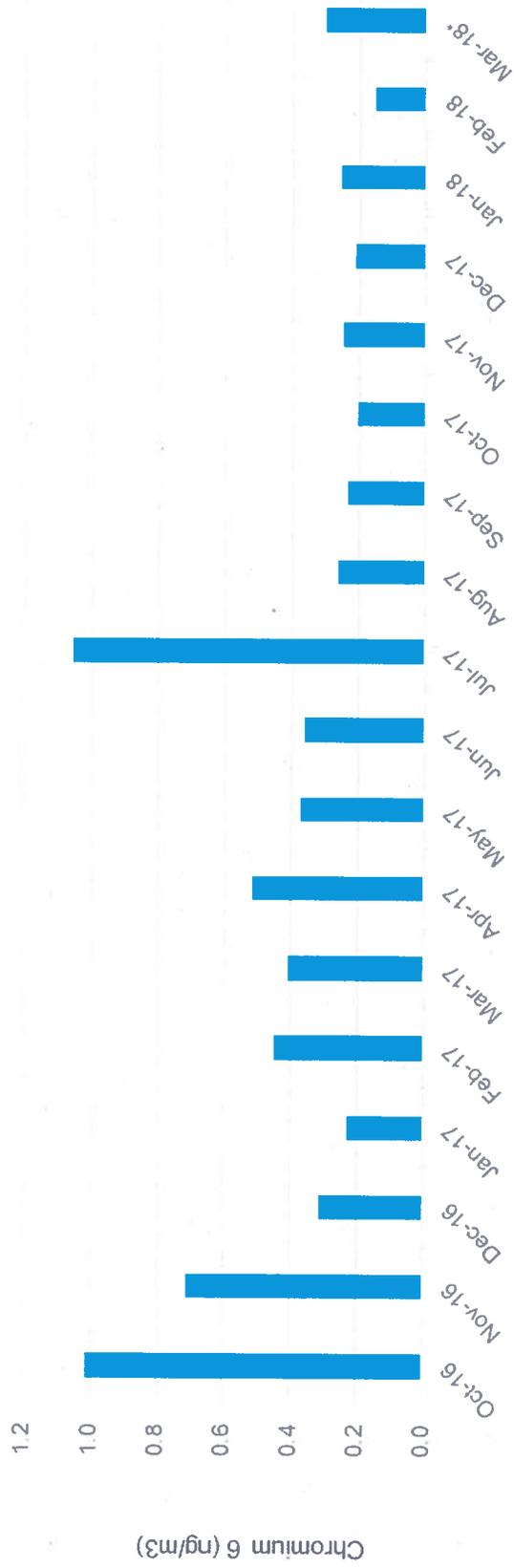
c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Los Angeles Fire Department

Figure 1. Chromium 6 in Outdoor Air (ng/m³)
Near Industrial Facilities in Paramount



* Partial data is available for March, 2018 as of the date of this report

Figure 2. Chromium 6 in Outdoor Air (ng/m³)
Near Residential Areas and School Areas in Paramount



* Partial data is available for March, 2018 as of the date of this report



Response to Hexavalent Chromium in the City of Paramount

Hexavalent Chromium, also known as chromium-6, is a metal used in certain industrial processes, such as metal plating, leather tanning, and welding. In late 2016, the South Coast Air Quality Management District (SCAQMD) determined that the airborne levels of chromium-6 in Paramount were higher than other areas in the Los Angeles region. Since then, the SCAQMD, the California Air Resources Board, and other local agencies have been investigating the extent of chromium-6 pollution and potential sources of this problem. While exposure to chromium-6 generally does not lead to immediate health symptoms, breathing chromium-6 at high levels over many years can cause or worsen breathing problems such as asthma, and cause irritation to the nose, throat, and lungs. Chromium-6 is a known human carcinogen, and exposure to high levels over many years may increase the risk of lung and nasal cancers.

1. What has been found through air quality testing?

SCAQMD began monitoring air in the City of Paramount in August 2013. In October 2016, monitoring near the intersection of Minnesota and Madison streets found much higher chromium-6 levels than in other areas of Los Angeles County. Air monitoring was expanded to the City's southeast industrial area and school zones, and into northern Long Beach in 2017. The southeast industrial area has shown chromium-6 levels up to 50 times greater than levels in other areas of Los Angeles County, with the highest recorded levels reaching 9 nanograms per cubic meter (ng/m³).

Chromium-6 levels generally improved in Paramount through 2017, but Paramount continue to have higher levels than other areas in Los Angeles. In March 2018, levels in Paramount were recorded in the 0.3 to 0.49 ng/m³ range, while the central and southern regions of Los Angeles County generally run in the 0.04 to 0.11 ng/m³ range.

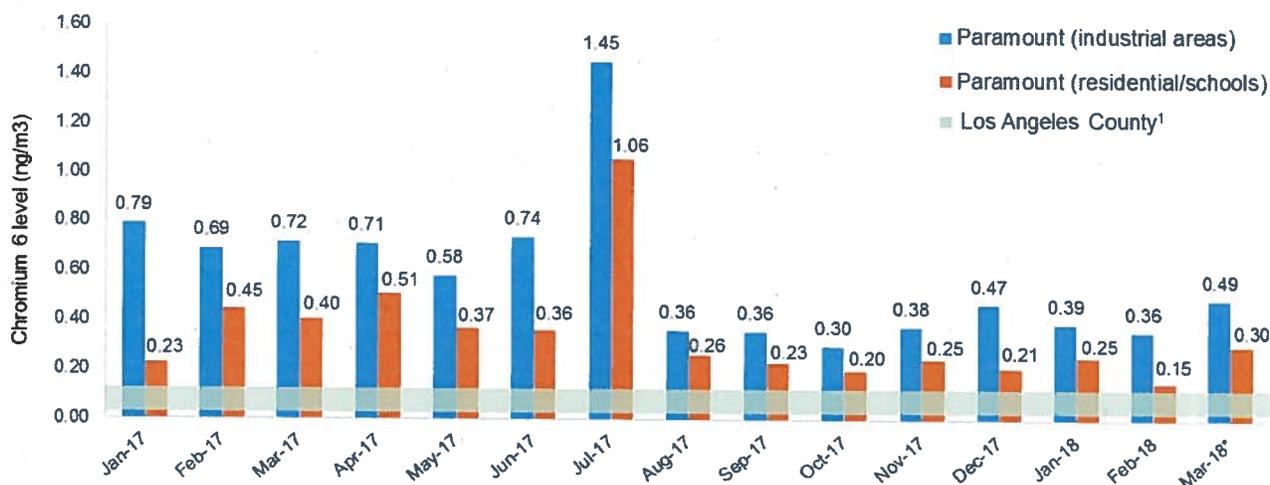
Details of the air quality investigation can be found at:

<http://www.aqmd.gov/home/news-events/community-investigations/air-monitoring-activities#>, and are shown in the following graph:

Key Points

- High levels of toxic chromium-6 were found in the air in the City of Paramount in 2016.
- Chromium-6 levels in outdoor air have improved, but remain higher than average chromium-6 levels in other parts of Los Angeles County.
- Exposure to high levels of chromium-6 over long periods of time can affect your health.
- Several metal businesses have been directed by SCAQMD to reduce chromium-6 emissions.

Chromium 6 in Paramount Compared to Los Angeles



* Partial data is available for March 2018 as of the date of this report.

¹ Multiple Air Toxics Exposure Study IV annual average levels of chromium 6 from the air monitoring locations closest to Paramount, including Compton, North Long Beach, Huntington Park, Pico Rivera and downtown Los Angeles (South Coast Air Quality Management District, May 2015).

2. What has been found in outdoor air near schools?

Since December 2016, the SCAQMD has tested chromium-6 in outdoor air near 12 public schools in Paramount. Schools, like other residential areas of Paramount, have had average levels of chromium-6 that are higher than levels of chromium-6 typically found in the Los Angeles area. For further details see:

http://publichealth.lacounty.gov/eh/docs/PH_RelHexChrom_ParamountSchoolFAQ-en.pdf

3. What other chromium-6 testing has been done?

The Los Angeles County Department of Public Health (Public Health) tested the indoor air for chromium-6 in a small number of homes close to select metal facilities with known air emissions of chromium-6 and, in partnership with the City of Paramount, tested for chromium-6 in soil near homes. Additionally, the California Department of Toxic Substances Control, in partnership with the City of Paramount, tested the soil at Village Skate Park. Preliminary soil testing in the industrial zones has shown elevated levels of chromium-6 and other metals in the soil near metal industries, suggesting the need for expanded soil testing in these industrial zones. Overall, these sampling results do not represent an immediate health hazard, but future testing will be essential as chromium-6 mitigation continues in this area.

4. What are the health effects of breathing chromium-6?

Breathing chromium-6 generally does not cause immediate health symptoms. However, breathing chromium-6 over many years can increase your risk of lung and nasal cancers, irritation to the nose, throat, and lungs (runny nose, coughing, or nose sores), and can worsen existing conditions such as asthma and other respiratory illnesses.

Metallic odors have been reported in the community. These odors are not likely to be caused by chromium-6, which tends to be odorless, but may represent other metals emitted by industries in the area. Odors can lead directly to symptoms such as nausea, dizziness, headaches, and irritation of the eye, nose, or throat. Please report all outdoor odors to SCAQMD by calling 1-800-CUT-SMOG.

5. What is being done to address high levels of chromium-6 in Paramount?

Local and state agencies have worked to identify facilities that produce chromium-6, and to lower the amount of chromium-6 that they release. Since November 2016, Public Health and SCAQMD have issued directives and orders to 8 businesses in Paramount and North Long Beach related to chromium-6 emissions and/or odors: Anaplex, Aerocraft MattCo, Press Forge, Weber Metals, Carlton Forge Works, and LubeCo.

The SCAQMD is developing new air quality rules to regulate chromium-6 in metal processing facilities. Link to more information about the rule-making process here:

<http://www.aqmd.gov/home/rules-compliance/rules/proposed-rules#1469>

The City of Paramount has adopted revised zoning rules for metal processing operations to reduce emissions.

6. What can I do to reduce potential health problems from chromium-6?

The following precautionary measures may help reduce possible exposure to chromium 6:

- Limit physical activity around industrial facilities.
- Keep children away from industrial facilities, where soil and dust may be unhealthy.
- Wash fruits or vegetables grown at home.
- Keep dirt and dust out of your home. Avoid wearing shoes inside the home. Use a mop and wet cloth to clean dust inside your home.
- Do not smoke or use tobacco products.
- Visit your health care provider for questions about your health.

For employees working in industrial areas:

- Reduce workplace exposure to dust, mists, and fumes that may contain metals. Ask your employer for proper requirements for your facility, such as such as gloves, protective clothing, face and eye protection, and/or respirators.
- Use wet clean up methods for dust. Do not dry sweep. Vacuum with HEPA filter. Wash hands before eating or drinking, including before meal breaks.
- When leaving work, remove work clothing and footwear, and wash hands to avoid bringing contamination home.
- For health-related questions, visit your health care provider. If your health care provider has further questions, please call the Toxicology and Environmental Assessment Branch, at 213-738-3220.

Public Health and Safety Risks of Oil and Gas Facilities in Los Angeles County

Los Angeles County Department of Public Health
February 2018



A tank farm and oil well in the backyard of a house on Firmin Street in Echo Park, California (August 2016)



This page has been intentionally left blank.



Authors

Toxicology and Environmental Assessment Branch, Division of Environmental Health

Katherine Butler, MPH, DABT

Senior Staff Analyst

Carrie Tayour, PhD, MPH

Supervising Epidemiologist

Christine Batikian

Master's Student Intern

Charlene Contreras, REHS

Environmental Health Manager

Mandi Bane, PhD

Staff Analyst

Elizabeth Rhoades, PhD

Director of Climate Change and Sustainability

Evenor Masis, MS, REHS

Industrial Hygienist

Cyrus Rangan, MD, FAAP, FACMT

Director

Environmental Health

Terri Williams, REHS

Director



Office of Planning, Evaluation and Development

Susan Blackwell, MA

Assistant Director

Christine De Rosa, PhD

Senior Planning Analyst

Yeira Rodriguez, MPH, MCHES

Planning Manager

Gayle Haberman, MPH

Director

Health Impact Evaluation Center

Emily Caesar, MPH, MSW

Project Manager

William Nicholas, PhD, MPH, MA

Director

Los Angeles County Department of Public Health

Angelo Bellomo, REHS, QEP

Deputy Director for Health Protection

Paul Simon, MD, MPH

Chief Science Officer

Jeffrey D. Gunzenhauser, MD, MPH

Interim Health Officer

Cynthia A. Harding, MPH

Chief Deputy Director

Barbara Ferrer, PhD, MPH, MEd

Director



Table of Contents

| | |
|--|-----|
| Executive Summary | i |
| I. Introduction | 1 |
| II. Epidemiological Literature | 3 |
| III. Environmental and Health Impact Assessments | 7 |
| IV. Neighborhood Health Investigations | 12 |
| A. AllenCo Energy Facility | 12 |
| B. Firmin Street | 13 |
| V. Consultations with Other Jurisdictions | 15 |
| VI. Conclusion | 19 |
| VII. Next Steps | 21 |
| References | 25 |
| Glossary of Selected Terms | 28 |
| Appendix A – Public Health Screening Assessment | A-1 |

This page has been intentionally left blank.

Executive Summary

Oil and gas development in the Los Angeles Basin presents unique public health and safety concerns because some oil and gas reserves lie beneath densely populated urban areas. Future production from these natural reserves will primarily come from existing oil fields, with some potential for the development of undiscovered oil and gas resources using conventional or unconventional methods. This report is intended to provide local policy-makers with an overview of relevant public health research and investigations. It concludes with an overview of measures to reduce potential health impacts.

There are currently 68 active oil fields in the Los Angeles Basin, with facilities operating under a wide range of operational and environmental conditions. While some facilities have been subject to stricter design and mitigation measures, others have not been required to conduct health risk assessments or other environmental studies. In some neighborhoods, such as South Los Angeles, residences are located only several feet away from the boundary of a drilling site and as close as 60 feet from an active oil well. Two smaller neighborhood facilities, which the Los Angeles County Department of Public Health (DPH) has responded to concerns or complaints, were found in a state of disrepair with environmental conditions that impact the health of neighboring residents.

In this report, DPH synthesized information from multiple lines of evidence, including a review of epidemiological literature, environmental and health impact assessments, neighborhood health investigations, and consultations with various jurisdictions regarding oil and gas ordinances. The scope of each is described below.

Epidemiological Literature: The review of the scientific literature synthesizes information from epidemiological studies and other published reviews on the potential health impacts associated with living near oil and gas activities. These peer-reviewed studies examine a variety of short-term and long-term health indicators such as birth outcomes; cancer; and respiratory, neurological, gastrointestinal, dermatological, and psychological effects. While epidemiological studies have found limited associations between adverse health effects and living near oil and gas operations, high-quality exposure data measured over long periods of time is lacking. Therefore, the epidemiological studies are not able to conclude whether or not living near oil and gas activities is associated with long-term health impacts.

Environmental and Health Impact Assessments: These impact assessments help to fill data gaps in the literature by predicting potential health and safety impacts from air emissions, odors, noise, vibration, and other environmental hazards associated with oil and gas development projects. However, it should be noted that conventional risk assessment tools can be limited in their ability to anticipate certain risks given the complexity of health and quality-of-life consequences and the need for more robust,

local-level monitoring data. The mitigation measures proposed for specific projects can be used to inform policies and plans involving oil and gas activities and operations that do not require such assessments to avoid or minimize potential adverse impacts.

Neighborhood Health Investigations: When DPH is notified of environmental or operational conditions at industrial facilities that may pose a threat to public health, DPH conducts a neighborhood health investigation and recommends action to protect and preserve public health. In response to community health complaints, DPH conducted two neighborhood health investigations of oil and gas facilities located in densely populated communities. In both investigations, DPH responded to resident health complaints of headaches, nausea, vomiting, respiratory irritation, and eye, nose and throat irritation. Such impacts often warrant immediate action to protect health. These two neighborhood health investigations revealed insufficient regulatory oversight and inadequate mitigation measures to reduce exposures and associated impacts in the adjoining community.

Consultations with Other Jurisdictions: To understand oil and gas ordinances adopted by other jurisdictions, DPH conducted one-on-one interviews with 10 jurisdictions throughout the nation and convened one joint meeting. These jurisdictions have established requirements, such as setback distances and/or mitigation measures, to limit adverse health and safety impacts of oil and gas production.

DPH determined that there is sufficient evidence to provide the following guidance for oil and gas facilities in order to protect health:

1. Los Angeles County and local jurisdictions within the County should expand the minimum setback distance beyond 300 feet, as currently specified in local zoning code, and apply these requirements to both the siting of new wells and to the development of sensitive land uses near existing operations. It is important to note that a setback distance is not an absolute measure of health protection and additional mitigation measures must also be considered. For existing oil and gas operations, a site-specific assessment at each facility throughout the County is necessary to identify current distances to sensitive land uses and other site characteristics that can be used to inform whether further mitigation measures are warranted to reduce potential public health and safety risks.

Table ES-1 below summarizes various setback distances, mitigation targets, remaining hazards and whether additional mitigation measures could further reduce potential adverse impacts.

Table ES-1. Review of Key Public Health and Safety Hazards and Setback Distance Guidance

| Setback Distance | <i>Air Quality</i> | <i>Noise</i> | <i>Odors</i> | <i>Fires, Explosions, and Other Emergencies</i> | <i>Additional Mitigation and Assessment Notes</i> |
|-------------------------|---------------------------|---------------------|---------------------|--|--|
| 300 feet | | | | | Some health and safety impacts may still be unavoidable regardless of additional mitigation. |
| 600 feet | ✓ | | | | Additional mitigation and assessment would likely be needed to avoid most impacts. Odors may be unavoidable, regardless of mitigation. Air monitoring is advised. |
| 1,000 feet | ✓ | ✓ | | | Additional mitigation and assessment may be needed to avoid noise impacts during certain operations, e.g. well advancement. Odors may be unavoidable in loss of containment events, regardless of additional mitigation. |
| 1,500 feet | ✓ | ✓ | ✓ | | Additional mitigation not likely to be needed. Some uncertainty remains due to gaps in long-term health and exposure data. |

This table is based on information compiled from scientific publications,^{13,37,51,52} environmental impact assessments,²⁷⁻³³ other environmental studies,^{10,16,20,34,35,36,46} and experiences in other jurisdictions.

✓ Represents the distance at which the impact is likely mitigated

2. In coordination with the California Air Resources Board (CARB) and the South Coast Air Quality Management District (SCAQMD), Los Angeles County should require the operators of facilities within urban areas of the County to implement continuous air monitoring systems around oil and gas operations to:
 - Measure air pollutants released by oil and gas operations;
 - Ensure oil and gas sites comply with environmental regulations;
 - Evaluate the impact of releases from oil and gas sites on surrounding neighborhoods; and
 - Monitor setbacks for these sites regularly, based on air monitoring and emerging science, and revise setback distances and/or other mitigation requirements when necessary to protect public health.

It should be noted that SCAQMD has imposed some requirements related to public notification and monitoring, but only after concerns are identified at a particular oil and gas operation, such as odor complaints. Current monitoring and enforcement activities can be sporadic, and it is difficult to understand long-term exposure risks for people living near oil and gas operations in the absence of continuous monitoring. To better characterize air quality in communities near oil and gas operations, SCAQMD completed a fence-line monitoring study and CARB launched the Study of Neighborhood Air near Petroleum Sources (SNAPS); results from these efforts should be used to inform air monitoring policies.

3. A variety of state and federal regulations require routine inspections, maintenance, testing and leak detection systems for oil and gas facilities; however, local oversight of these regulations is limited. Optimal local oversight would reduce public health and safety risks associated with aging infrastructure, and should include a local auditing and certification process, streamlined coordination, and data sharing among agencies. A local auditing program would confirm that operators are complying with federal, state and local regulations.
4. Operators should prepare and make available to the public a comprehensive Community Safety Plan, in coordination with City and County departments, including Fire, Building and Safety, and Law Enforcement. These plans should include information on hazardous chemicals stored onsite; air emission monitoring efforts; and health-based thresholds to identify the need for additional mitigation. For operations to plug wells permanently or to perform well maintenance, the responsible party should also prepare and implement a Community Safety Plan. The Community Safety Plan should facilitate communication and input from local stakeholders, and be submitted to DPH for review and approval. The Plan should include protocols and procedures for immediate notification to the County Health Officer in the event of odor or health complaints.

5. Operators should maintain enhanced Emergency Preparedness Plans that account for proximity to sensitive land uses. These plans must include communication procedures to immediately notify local government agencies of any emergencies, such as spills or other releases.

To further inform health-protective policies and regulations, DPH will collaborate with County partners, local and state enforcement agencies, and interested stakeholders. DPH recommends site-specific assessments at existing oil and gas operations located near sensitive land use to determine the appropriate combination of setback distance and additional mitigation measures, as well as the extent to which these measures are sufficient to protect public health.

I. Introduction

Oil and gas development in the Los Angeles Basin presents unique public health and safety concerns because some oil and gas reserves lie beneath densely populated urban areas. Future production from these natural reserves will primarily come from its 68 active oil fields, with some potential for the development of undiscovered oil and gas resources using conventional or unconventional methods.^{1,2} Public concern has led to recent legislation and rules to assess the health and safety risks of oil and gas production, including California Senate Bill 4 to assess unconventional well stimulation treatments³ and South Coast Air Quality Management District (SCAQMD) Rule 1148.2 requiring oil and gas operators to report chemicals used in drilling, rework, or completion processes.⁴

Health and safety risks of oil and gas production are particularly relevant to residents of Los Angeles County, which is the second largest oil producing county in California.⁵ There are 3,468 active and 1,850 inactive oil and gas wells countywide.⁵ Although oil and gas production in Los Angeles County occurs in both rural and urban areas, the potential public health impacts of oil and gas sites located in densely populated areas are concerning, particularly to those who experience disproportionate economic and health inequities.

Some communities within Los Angeles County have developed and adopted ordinances to regulate oil and gas drilling within their jurisdictions. One example is the Baldwin Hills Community Standards District that was adopted in 2008 for the Inglewood Oil Field, the largest urban oil field in the U.S. This site has undergone extensive environmental review and operates under a set of regulatory requirements to ensure ongoing monitoring of air quality, groundwater, noise, and seismic activity; establish setback distances from sensitive areas and emergency response protocols; and hold monthly meetings with a community advisory panel.⁶ Wells in other parts of the county are not subject to the same level of oversight, and operate with various permit conditions and regulations depending on the project.⁷

On March 29, 2016, the Board passed a motion instructing the departments of Regional Planning, Fire, Public Health, and Public Works to convene an Oil and Gas Strike Team to assess the conditions, regulatory compliance, and potential public health and safety risks associated with existing oil and gas facilities in the unincorporated areas of Los Angeles County.⁷ DPH participated in site assessments with regulatory agencies as an active member of the Oil and Gas Strike Team. A key component of the motion is an assessment of the potential public health and safety risks using a Public Health Screening Assessment (Appendix A). This is a complex task, considering (1) the wide variety of oil and gas operations encountered across the County; (2) the proximity of people living, working and going to school near operations; (3) the multitude of potential chemical and physical hazards if operations and storage are not properly managed; and (4) uncertainties with regards to a lack of long-term exposure and health data.

The Oil and Gas Strike Team conducted site visits to 15 oil and gas facilities currently operating in unincorporated Los Angeles County, including 68.5% of wells identified for review (557 out of 813 wells). An additional nine facilities operating in the unincorporated County were not inspected by the Oil and Gas Strike Team because access was not granted by the operators. The Public Health Screening Assessment based public health, safety, and environmental risks primarily on four priority areas: the facility's hydrogen sulfide gas content in production, operating pressures of wells and equipment, drilling frequency, and proximity to nearby populations.

Among the sites visited by the Oil and Gas Strike Team, the final report notes that public health risk levels were considered "low" for risks associated with hydrogen sulfide gas, operating pressures, and drilling frequency.⁸ Several facilities were ranked "high" by the Public Health Screening Assessment for proximity to residences or sensitive receptor locations. Notably, the Oil and Gas Strike Team found that six of the 15 facilities had wells or tanks less than 300 feet from the nearest residence or school; two of those sites had more than 60 wells situated less than 300 feet from occupied structures.⁸ The County Zoning Ordinance requires a 300-foot setback from residences for drilling oil wells in certain land-use zones;⁹ however, the ordinance does not apply to wells drilled prior to its adoption or to wells that preceded construction of nearby structures.

The final report⁸ by the Oil and Gas Strike Team recommended that Los Angeles County further evaluate the following key areas:

- Removal of "by right" permitting (as required by the Board Motion)⁷
- Setback distances
- Well stimulation techniques (to reflect state regulations)
- Air quality and odor monitoring
- Transportation of chemicals in residential areas
- Pipeline monitoring and leak detection
- Abandonment of long idle wells
- Emergency Response Plans
- Communication with surrounding community

In addition to participating on the Oil and Gas Strike Team, DPH also consulted with the City of Los Angeles' Petroleum Administrator who is currently assessing the public health and economic impacts of requiring a buffer distance around oil and gas facilities in its jurisdiction. This DPH report is intended to provide local policy-makers with an overview of public health research and investigations to inform potential revisions to local oil and gas ordinances and land use zoning codes.

II. Epidemiological Literature

The epidemiological literature on public health and safety impacts of oil and gas activities has been increasing in recent years; however, data gaps and uncertainties remain. A growth in research over the last decade has been driven by public concern regarding potential environmental and health impacts of specific oil and gas production techniques, such as hydraulic fracturing (i.e. fracking), used to increase output from oil and gas reserves. It is estimated that 26% of active wells in the Los Angeles Basin have been stimulated by methods such as hydraulic fracturing, frac-packing, or high-rate gravel packing.¹

Future development of the Los Angeles Basin is expected to mainly come from conventional oil reserves in existing fields. Unlike unconventional resources such as “shale oil,” hydraulic fracturing is not routine practice for oil production from conventional resources.¹ However, the public health risks associated with oil and gas operations are not unique to activities that use well stimulation such as hydraulic fracturing. For example, all oil and gas wells use hazardous chemicals and emit toxic air emissions such as benzene, a known human carcinogen.² A study of chemical usage data related to oil and gas activities in Southern California found substantial overlap between chemicals used in hydraulic fracturing and those used in routine oil and gas activities such as well maintenance, well completion, or rework.¹⁰ Therefore, this literature review is comprised of epidemiological studies of health impacts from both conventional and unconventional drilling activities.

DPH compiled information from six comprehensive literature reviews¹¹⁻¹⁶ of epidemiological studies evaluating population health effects from oil and gas activities from peer-reviewed journals and grey literature. These literature reviews focused on evaluating short-term and long-term health indicators such as birth outcomes; cancer; and respiratory, neurological, gastrointestinal, dermatological, and psychological effects. These reviews included studies of oil and gas activities with a wide range of operational and environmental conditions.

A summary of findings from the available literature is described below.

Birth Outcomes

Particulate matter and other toxic air pollutants, such as volatile organic compounds (VOCs), have been associated with adverse reproductive and developmental effects.^{17,18} A systematic review of 45 studies found strong evidence for the disruption of human sex steroid hormone receptors; and moderate evidence for increased risk of preterm birth, miscarriage, birth defects, decreased semen quality, and prostate cancer.¹² The majority of the studies included in the review examined individual chemicals, complex mixtures of chemicals, and waste products related to conventional oil and gas operations. Other epidemiological studies have evaluated whether living near oil and gas operations during pregnancy is associated with adverse birth outcomes (e.g. preterm birth, low birthweight, or low APGAR scores), but the findings are mixed, with some studies showing an association and others no association.¹⁹ Many of the epidemiological studies

have methodological limitations, but given that some of the findings suggest potentially serious health impacts such as birth defects,¹⁷ further study is warranted.

Cancer

Oil and gas activities may expose individuals to airborne emissions of VOCs, such as benzene. Studies have shown that exposure to elevated levels of benzene over many years may increase the risk of developing cancer, particularly acute myelogenous leukemia.¹¹ However, studies examining associations between oil and gas activities and other cancers in adults and children have resulted in mixed findings or null associations. There is insufficient evidence to quantify the contribution of oil and gas operations to incidence of childhood cancers. Studies are limited in both the ability to determine such an association due to methodological challenges to quantify an individual's exposure over time, and the ability to control for other environmental and genetic factors that may contribute to overall risk of developing cancer. For further information on VOC air emissions and potential cancer health risks, refer to Section III.

Respiratory Effects

Air emissions from local oil and gas wells have been shown to contribute substantially to the pollution burden from stationary sources in Los Angeles County.²⁰ Particulate matter and VOCs are often associated with oil and gas extraction activities, and can lead to harmful human health effects, including eye, nose and throat irritation; exacerbations of asthma; and other respiratory conditions. These emissions are known to present a more significant health threat to infants and children.¹⁴ A recent review reported mixed evidence of an association between proximity to oil and gas operations and self-reported respiratory symptoms.¹⁶ On the other hand, acute adverse respiratory health effects (e.g. cough, wheezing, breathlessness), have been well documented in emergency response and disaster events, such as oil spills.^{21,22} Less is known about long-term health effects after disaster events, but one study found respiratory effects among clean-up workers of an oil spill persisted five years later.²³ There is need for further study of potential respiratory health effects of long-term exposure to air emissions during normal operations, using study methods that do not rely solely on self-reported measures.

Neurological Effects

Inhalation of VOCs emitted during improperly regulated oil and gas activities can lead to neurological effects such as headaches, dizziness, and other impacts to the central nervous system. Studies examining neurological symptoms and exposure to VOCs have relied on hospitalizations and self-reported data, with some studies finding an association and others reporting no association. In a large survey-based study, Tustin et al. found an association between people living near natural gas development activities and migraine headaches.²⁴ The likelihood of reporting migraines was 43 times greater in the area with the most natural gas development activity compared to an area with no natural gas activity. Although there are major limitations to this study, including bias in self-reported symptoms and other factors that

contribute to migraines, the results suggest a potential relationship between natural gas activity and adverse neurological effects.

Gastrointestinal Effects

A limited number of studies have examined gastrointestinal effects, such as nausea or abdominal pain, and proximity to oil and gas activities. Studies of oil spill clean-up workers have documented gastrointestinal symptoms (nausea and vomiting) among the acute health problems related to duration of work and working in a highly polluted zone.²¹ The studies to date have not demonstrated an association or have provided insufficient evidence to rule out an association between proximity to oil and gas operations and gastrointestinal symptoms.

Dermatological Effects

Direct contact with petroleum product, such as crude oil, is known to cause skin irritation.²⁵ A limited number of studies have found associations between living near oil and gas operations and self-reported dermal symptoms.¹¹ Oily mist releases of crude oil from oil and gas operations²⁶ may result in oily residue on surfaces that can lead to skin irritation if people come in direct contact with the impacted areas.

Psychological Effects

Oil and gas activities can adversely affect the mental health, well-being, and quality of life for nearby residents. Multiple factors, including both chemical and non-chemical stressors, may contribute to increased risk of suffering from depression, anxiety, fatigue, and sleep deprivation. Hays et al. reviewed health impacts of noise exposure near oil and gas activities and found a link between noise levels from such operations and increases in reported sleep disturbance.¹³ Tustin et al. found an association between living near oil and gas activities and symptoms of fatigue.²⁴ Studies examining associations between proximity to oil and gas activities and self-reported psychological effects have offered mixed results.

Limitations of Health Studies

Determining a link between oil and gas production and health impacts based on reviews of the literature is challenging because of the inherent limitations of epidemiological studies. The analyses in these studies typically cannot confirm whether past exposures to chemicals from oil and gas activities are associated with health effects among nearby residents, because of the limitations associated with small sample sizes, and the inability to reliably detect small increases in risk. There is also typically a lack of information on individual levels of exposure to emissions to establish dose-response curves and temporal relationships, as well as other factors that could cumulatively influence health risk, including exposure to the same chemicals from other sources, such as local vehicle traffic.

Summary

Epidemiological studies are observational, and by themselves cannot determine causal relationships between exposures from oil and gas production and specific health effects; however, they provide useful information to guide future research. Studies with well-designed exposure monitoring and measurements are needed to elucidate the actual health implications for populations near oil and gas sites. Meanwhile, acute adverse health effects have been well documented in emergency response and disaster events involving oil and gas operations such as oil spills.^{9,21,22} The literature to date provides limited evidence to link adverse health effects to living near oil and gas operations; however, quality exposure data that measures people's exposure over long periods of time is missing. Findings from existing epidemiological studies are not able to conclude whether or not living near oil and gas activities is associated with long-term health effects, but rather highlight the need for further research. Given the limitations of epidemiological studies, comprehensive exposure monitoring of oil and gas activities is needed, and precautionary measures are appropriate to minimize exposures to substances that may adversely affect health.

III. Environmental and Health Impact Assessments

DPH evaluated seven Environmental Impact Reports (EIRs)²⁷⁻³³ and two Health Impact Assessments (HIAs)^{34,35} conducted for conventional and unconventional oil and gas production sites primarily in California from 2008 to 2017. Additionally, DPH reviewed a comprehensive health risk assessment recently completed by the Colorado Department of Public Health and Environment (CDPHE).¹⁶ EIRs and HIAs are particularly helpful in providing an indication of potential public health risks until more comprehensive exposure monitoring and high-quality health studies can be conducted.

Air pollution

The release of chemicals into the air from oil and gas activities can occur from surface operations, wells and pipelines, operation of diesel or gas-powered equipment and vehicles, as well as accidental releases. Primary air pollutants include nitrogen oxides, particulate matter, benzene, toluene, ethylbenzene, xylene, hexane, and polycyclic aromatic hydrocarbons. Over 300 chemicals associated with drilling fluids present public health concerns ranging from respiratory health effects to development of cancer, if not properly monitored and controlled.

Data on air emissions from oil and gas sites at the local level are limited. One air monitoring study looked at particulate matter, heavy metals, and VOCs near Los Angeles' Inglewood Oil Field, noted a "marginal" contribution of particulate matter and "negligible" contribution of metals as compared to air emissions monitored throughout the Los Angeles region.³⁶ Note that the VOC sampling duration was only two weeks, making interpretation limited for comparison with annual averages used in regional air monitoring data. The CARB is launching a Study of Neighborhood Air near Petroleum Sources (SNAPS) to better characterize emissions of VOCs and other air pollutants from oil and gas wells throughout California.

Some studies indicate that oil and gas wells are substantial contributors to the local air pollution burden from VOCs in the Los Angeles area.^{20,37} In the 2015 FluxSense Study, the SCAQMD monitored air quality around 61 sites and estimated that oil and gas wells contribute to more than half of the estimated VOC emissions from stationary sources.²⁰ This differs from previous estimates presented in the SCAQMD 2016 Air Quality Management Plan that utilized emission inventory data and concluded oil and gas wells contribute to 1% of VOCs from stationary sources.³⁸ While the 2015 FluxSense project notes uncertainties associated with its method of scaling data to represent the Los Angeles Basin as a whole, it suggests that emissions of VOCs from oil and gas sites may be considerably underestimated compared to emission inventories, and further study is warranted.

The Colorado Department of Public Health and Environment recently conducted a comprehensive health risk assessment using statewide air emissions data.¹⁶ Non-cancer* and cancer[†] health risk estimates were calculated for 62 priority chemicals measured at distances of 500 feet or greater from oil and gas operations with a wide range of conditions and mitigation measures. Although the Colorado study concluded that non-cancer and cancer health risks were below regulatory thresholds, they exceeded risk management levels typically used in the state of California. For non-cancer health effects from long-term exposures, the risk estimates exceeded the U.S. Environmental Protection Agency (EPA) hazard index of 1.0 for three health effect categories: neurological; eye, nose and throat; and respiratory. In addition, the combined exposure to four cancer-causing substances (benzene, ethylbenzene, formaldehyde and acetaldehyde) reached the EPA risk management level of 1 excess cancer per 10,000 people exposed and exceeded the California EPA Proposition 65 risk threshold of 1 excess cancer per 100,000.^{39‡} The study did not calculate health risks at distances of less than 500 feet because Colorado requires a 500-foot minimum buffer distance between oil and gas activities and buildings. These findings suggest that mitigation controls may be needed in addition to the existing setback distance in order to reduce the potential health risks from air emissions from local oil and gas operations.^{40,41}

Many of the project-specific EIRs for oil and gas development reviewed for this report predicted significant impacts from not only the drilling of new wells but also from construction, traffic, and other activities related to the project. The EIRs also include project-specific mitigation measures or alternatives that could be used to reduce or eliminate toxic air emissions associated with the project. Examples of mitigation measures included requiring emission controls for operational equipment and vehicles, as well as air monitoring to evaluate the effectiveness of those measures.

The Air Toxics “Hot Spots” Information and Assessment Act enacted in California in 1987 (Assembly Bill 2588) requires Health Risk Assessments for “high-priority” facilities that emit toxic air pollutants, including prioritized oil and gas facilities. SCAQMD prioritizes facilities based on toxicity and volume of hazardous materials released from a facility, as well as the proximity of a facility to sensitive populations such as residences, schools, daycare centers and hospitals.⁴² However, not all oil and gas development projects are required to conduct a Health Risk Assessment.

* For non-cancer health effects, the health-based reference value is the exposure level below which health effects are not expected to occur, even for potentially sensitive people in the general population.

† For cancer causing substances, there are no safe levels of exposure.

‡ CDPHE reported the combined cancer risk estimate was 9.7×10^{-5} .

Odors

Hydrogen sulfide (H₂S) occurs naturally in crude petroleum and natural gas and is also a by-product of desulfurization processes in oil and gas industries. It is an odor with a “rotten-egg” smell that may be associated with some oil fields in the Los Angeles Basin. Hydrogen sulfide has a low odor threshold, defined as the lowest concentration perceivable by human smell, ranging 0.008 to 0.13 parts per million (ppm).⁴³ Detection of odors due to hydrogen sulfide varies considerably in the human population and can lead to symptoms such as headaches and nausea, as well as eye, nose, throat and respiratory irritation, in addition to being able to adversely impact overall quality of life and wellbeing. California Environmental Protection Agency (CalEPA) has adopted a threshold of 0.008 ppm for long-term exposure to hydrogen sulfide.⁴⁴

Odors may also be the first indication of accumulation of gases which may reach hazardous levels in confined spaces if left unchecked. Historical case studies serve as reminders of the potential for hydrogen sulfide gases to migrate to the surface. For example, the Edward R. Roybal Learning Center (formerly known as the Belmont Learning Center) was developed over part of what was once the Los Angeles City Oil Field and required extensive monitoring and mitigation for hydrogen sulfide from gas migration.⁴⁵

The Oil and Gas Strike Team reported hydrogen sulfide levels are absent or low at the 15 facilities in unincorporated Los Angeles County, based on available data; and no odor complaints were reported for those facilities in SCAQMD’s database.⁸ The presence of hydrogen sulfide seems to vary depending on specific oil field conditions, and more environmental data are needed to characterize the extent of hydrogen sulfide in the Los Angeles Basin. Depending on the type of operations and proximity of people nearby, some EIRs and HIAs reviewed for this report concluded that odor events would lead to significant and unavoidable impacts to residents living nearby while others provided evidence that odor mitigation plans would alleviate odor impacts for nearby residents.

Noise

There are a number of activities associated with oil and gas that can increase noise levels. The Los Angeles County Code (Section 12.08.390) exempts oil and gas operations from exterior noise standards during routine maintenance work and drilling activities. The primary sources of noise evaluated in the seven EIRs were construction machinery and drilling operations. Specifically, workover of oil and gas wells and well pump operation could elevate noise levels above exterior noise standards. Additionally, health impacts from noise can result from exposure to pure tones and low frequency noise sources.[§]

[§] Pure tones result when a flare burns residual gas into the atmosphere, or when metal-to-metal contact occurs in oil equipment. Low-frequency noise is associated with power-generating plants. Processes within odorization plants can induce pure tones.

An extensive noise study conducted by Kern County estimated setback distances based on noise of 1,550 feet during well advance and 930 feet during well workover activities.⁴⁶ The majority of the EIRs found noise to be a significant impact that could be effectively mitigated. Furthermore, projects subject to the Los Angeles County zoning ordinance and permitted by the Department of Regional Planning with noise impacts are required to be mitigated.

Vibration

Along with noise, drilling operations may increase vibration for nearby residents. Various equipment used in oil and gas drilling operations have established vibration levels, which inform the EIRs and HIAs that have been conducted. While some EIRs reported less than significant impacts from vibrations, vibrations associated with certain oil and gas operations can have significant environmental and structural impacts.

Hazardous Materials

Chemicals are routinely used as part of oil and gas operations for a variety of processes, including corrosion control, wellbore cleanouts, repairs, and cementing of well casing. Hazardous chemicals may be added to drilling fluids and drilling muds, and used for enhanced oil recovery (e.g. hydraulic fracturing) as well as routine well maintenance activities (e.g. maintenance acidizing, gravel packing, and well drilling). In a comprehensive assessment of the SCAQMD database of chemicals used for routine oil and gas activities and those used for well stimulation in the Southern California, Stringfellow et al. inventoried the most frequently used chemicals – solvents, petroleum products, salts and strong acids.¹⁰ Notably, hydrochloric acid and hydrofluoric acid (with concentrations of 0-15% and 0-3%, respectively) were used extensively in large quantities for routine activities such as acid cleaning for well maintenance. For each routine maintenance activity, the average mass of hydrochloric acid and hydrofluoric acid used was 1,791 and 161 kg, respectively. Stringfellow et al. concluded that there is substantial overlap between chemicals used for routine oil and gas activities and those used in hydraulic fracturing in the Southern California.

In the event of an accidental release, some of these chemicals used for routine maintenance activities could cause immediate environmental and health impacts. For example, acute symptoms of exposure to strong acids include irritation to the eyes, skin, nose and throat; pulmonary edema; eye and skin burns; rhinitis; and bronchitis. There is a lack of hazard information on the utilization of many chemicals in oil and gas operations, thus preventing emergency personnel and regulatory agencies from understanding the full scope of potential health and safety risks. The toxicity of known chemicals, combined with the gaps in health information on other chemicals, underscores the importance of robust emergency management plans to prepare for or prevent significant casualties if a large-scale incident were to occur.

Oil and Gas Seepage

Oil and gas seepage has the potential to impact many environmental concerns, including subsidence, seismic activity, releases and explosions, and aquifer contamination. Continued production and leaking oil wells can result in near-surface gas accumulation, which may pose an explosive hazard. Oil and gas seepages have been documented across Los Angeles City, including the Fairfax area, south La Brea, Playa del Rey, Santa Fe Springs, and Echo Park. In 1985, an explosion in the Fairfax area demolished a Ross department store as a result of subsurface gas accumulation. One report links the gas accumulation to a nearby oil well;⁴⁵ however, there is still debate as to the root cause of the explosion.

Poor well completion and/or abandonment procedures can result in oil and gas leaks that negatively impact air quality in residential neighborhoods (see DPH neighborhood health investigation in Section IV). A comprehensive study of 41,000 conventional and unconventional oil and gas wells in Pennsylvania raises the issue of compromised structural integrity of well casing and cement as one mechanism likely leading to gas migration into the air (i.e. fugitive emissions) or underground drinking water sources (i.e. aquifer contamination).⁴⁷

Summary

Many of the EIRs and HIAs for oil and gas development projects predicted significant impacts from air emissions, odors, noise, vibration and safety hazards; and provided site-specific mitigation measures to try to reduce or eliminate those impacts. In particular, effective mitigation measures were designed to substantially reduce or eliminate impacts from air emissions and noise. Depending on operational and environmental conditions, odor impacts from routine operations and/or emergency events may not be possible to mitigate with currently available measures. Community Safety Plans and enhanced Emergency Response Plans should be developed to address the significant possible safety hazards associated with oil and gas activities and to prepare for leaks, seepage and other potential disasters. Alongside preparedness plans and mitigation measures, environmental monitoring that is both comprehensive and continuous will allow operators and regulatory agencies to develop evidence-based strategies to protect public health.

IV. Neighborhood Health Investigations

A. AllenCo Energy Facility

On October 18, 2013, the SCAQMD asked DPH to assess whether conditions at the AllenCo Energy Facility (AllenCo), located at 814 W. 23rd Street in the City of Los Angeles, were adversely affecting the health of nearby residents in the University Park Community of South Los Angeles.

According to regulatory records, the AllenCo facility appeared to have operated in “general compliance” with permit conditions; however, a comprehensive EIR or HIA was not required to establish permit conditions. Odor and health complaints from the public persisted over several years. Health complaints included headaches, nausea, as well as symptoms associated with irritation to the eyes, nose, throat and airways. Symptoms were recurrent and seemed to arise in conjunction with odor complaints.

The AllenCo facility consisted of seven operational oil production wells at 814 W. 23rd Street, with an additional 14 wells at several other nearby locations. An active well at the facility is located 60 feet from multi-unit housing in the adjacent community, and its property shares borders with a local high school and a college dormitory.

The AllenCo facility was in “general compliance,” meaning that it complied with the terms of the regulating agencies and the petroleum-based compounds emitted at the facility appeared to be well below levels that would lead to long-term systemic health effects. However, intermittent exposure to low level emissions can cause recurrent short-term health effects with symptoms consistent with those reported by neighboring residents.

Conclusion

The DPH neighborhood health investigation concluded that the emissions from the AllenCo oil operations at the facility were associated with the reported health effects by community members and that conditions were unlikely to resolve without the company modifying or curtailing facility operations. Recommendations were made to the regulatory agencies regarding a facility-wide audit to identify sources of equipment and process-related emissions within the facility. One further recommendation was that regulatory agencies should continue to explore opportunities to further mitigate emissions using the best available technology when feasible at oil production facilities situated in urban areas with the goal of minimizing odor emissions.

A study of households near AllenCo found that many residents were not aware of their proximity to the oil production site (45.8%) and the majority would not know how to report a complaint to SCAQMD or other agency (78.5%).⁴⁸ Given the lack of awareness and the duration of odor complaints, protocols to improve interagency coordination and data sharing are needed to promptly identify potential issues and address community concerns.

B. Firmin Street

On July 15, 2016, the California Department of Conservation, Division of Oil, Gas, and Geothermal Resources (DOGGR) in cooperation with the City of Los Angeles, began working to permanently plug and abandon two orphan wells located at 323 and 324 Firmin Street, in the neighborhood of Echo Park, Los Angeles. Both orphan wells were located in the front yards of residential properties. The permanent plugging and abandonment process required operation of large, industrial stationary equipment (e.g. workover rigs and cement pumps) as well as mobile equipment (e.g. power rigs and heavy trucks) within feet of residential homes.

On July 30, 2016, the City of Los Angeles referred to DPH a resident who was experiencing acute symptoms during the plugging and abandonment operations at the two orphan wells. The resident identified concerns regarding “rotten egg” and strong petroleum odors, as well as the appearance of black soot-like dust inside her home and on her property during well plugging activities. DPH officials conducted a neighborhood health investigation to observe plugging operations at the orphan wells, to document environmental conditions, and to conduct interviews with nearby residents.

During the DPH investigation, health and safety hazards (e.g. particulate matter and noise from well workover activities) were observed in proximity to at least seven households, including the complainant. Residents included young children and elderly people, as well as a high school located two blocks away. The majority of households that reported symptoms to DPH had pre-existing chronic health conditions. Additionally, residents reported that “rotten egg” odors had been intermittent in their neighborhood for many years.

DPH was advised that outdoor air was monitored by the SCAQMD, which reported that levels of methane and hydrogen sulfide did not pose a health threat. However, noise, odor, dust, and diesel emissions associated with the permanent plugging and abandonment procedures taking place in proximity to homes did pose risks to the community, including safety hazards, as well as short-term and long-term health effects.

Short-term Health Impacts

During DPH’s neighborhood health investigation, all seven interviewed households reported short-term health symptoms that began when work started to permanently plug and abandon the two orphan wells on Firmin Street. In some cases, residents reported that their medical providers prescribed new medication as a result of worsened respiratory conditions. The most common symptoms included headaches, nausea, vomiting, eye and throat irritation, skin rashes, and exacerbation of pre-existing respiratory conditions such as asthma. These complaints are consistent with exposure to strong petroleum odors, increased levels of airborne particulate matter, or direct contact with crude oil.

Additionally, DPH heard loud rig drilling noise at the front porches of nearby residential properties. Conversations were inaudible at times during resident interviews. Some residents

reported extended work hours on the orphan wells, such as beginning at 6:30am or ending at 9:00pm without prior public notification, or working on weekends. One resident who worked night shifts had difficulty sleeping during the day.

Long-term Health Risks

During the neighborhood health investigation of the two orphan wells, DPH also identified the presence of a third well (Patel 2) located at 314 Firmin Street in the backyard of two residential properties that was considered idle, meaning that it is not currently being used for oil production but it has yet to be determined if the operator will reactivate it or if it needs to be permanently plugged and abandoned. DOGGR issued a notice of violation to the operator of Patel 2 on June 21, 2016 for eight violations, including lack of proper signage, unremediated spills and leaks, and lack of fencing and floor grating to prevent trip and fall safety hazards to people and animals.

The noncompliant Patel 2 idle well poses an ongoing source of direct exposure to petroleum, particularly to children or pets who may inadvertently come into contact with it and also presents long-term health risks to residents from fugitive emissions, such as increased risk of nervous system problems and reproductive system effects. Unfortunately, the violations DOGGR made to the operator for Patel 2 a year prior were not enough to ensure public health and safety, and on November 4, 2017 there was another hazardous release of crude oil from a pipe connecting this well to the tank farm.⁴⁹

Conclusion

DPH concluded that exposure to dust, odor, noise, and vehicle exhaust emissions from the permanent plugging and abandonment of orphan wells led to significant symptoms in some residents, and these symptoms persisted until the operations were complete. In order to protect public health, DPH recommended implementing additional safety measures and offering temporary relocation assistance to affected residents in the area. Based on DPH recommendations, DOGGR provided timely and regular project updates to the residents through face-to-face communications in order to disseminate pertinent information such as project timelines, health resources, and planned changes to resident access.

V. Consultations with Other Jurisdictions

In California, DOGGR has jurisdiction over subsurface oil and gas activities, including drilling, operation, maintenance, and abandonment of oil and gas wells. Los Angeles County officials may regulate zoning and land use to reduce impacts from surface operations on the surrounding communities. Current Los Angeles County Zoning Ordinance regulations require a Conditional Use Permit for the drilling of oil and gas wells on certain land use zones within 300 feet from sensitive land uses such as residential zones, public schools or parks.⁹ However, the requirement does not apply to oil and gas wells operating prior to the adoption of the ordinance and it does not establish similar requirements for the development of sensitive land uses such as residences near existing oil and gas wells (Timothy Stapleton, Los Angeles County Department of Regional Planning, personal communication, November 15, 2017).

Some cities within Los Angeles County have ordinances established to regulate oil and gas drilling within their jurisdictions. For example, the City of Carson established a 750-foot setback distance after conducting a review of other setback distances and potential environmental impacts.⁵⁰ Within Los Angeles County, the Baldwin Hills Community Standard District was established to regulate oil and gas activities in the Inglewood Oil Field.⁶ Wells in other parts of the county are not subject to the same level of oversight, and operate with various permit conditions and regulations depending on the project.⁷

In order to better understand oil and gas ordinances adopted by other jurisdictions, DPH consulted with ten jurisdictions that have established requirements, such as setback distances, in order to limit the potential negative health and safety impacts of oil and gas production. These ten jurisdictions have various setback requirements, ranging from 210 to 1,500 feet (Table 1).

Table 1. Summary of Setback Distances for New Wells in Other Jurisdictions**

| State | Jurisdiction | Year Adopted | Setback Distance (feet) | Setback Target |
|------------|----------------------|--------------|-------------------------|---|
| California | City of Carson | 2015 | 750 | Housing, schools, hospitals |
| California | Kern County | 2015 | 210 | Housing, schools, hospitals |
| Colorado | State | 2013 | 500 | Housing |
| Maryland | State | 2016 | 1,000 | Housing, schools, faith institutions |
| | | | 2,000 | Private drinking water well |
| New Mexico | Santa Fe County | 2008 | 750 | Housing, schools |
| | | | 1,000 | Groundwater and surface water resources |
| Oklahoma | Oklahoma City | 2015 | 300 | Housing, fresh water well |
| | | | 600 | Faith institutions |
| Texas | City of Arlington | 2011 | 200 | Fresh water well |
| | | | 600 | Housing, schools, faith institutions, hospitals |
| Texas | City of Dallas | 2013 | 1,500 | Housing, schools, faith institutions |
| Texas | City of Flower Mound | 2011 | 1,500 | Housing, schools, faith institutions, hospitals, existing water wells |
| Texas | City of Fort Worth | 2010 | 200 | Fresh water well |
| | | | 600 | Housing, schools, faith institutions, hospitals |

** The setback distances are for protected or sensitive land use areas defined as: housing, schools, faith institutions, hospitals, and water wells (and other sources of water). Other jurisdictions not included in the table may have differing setback distances (e.g. Huntington Beach, Long Beach, and Signal Hill have setback distances of 300 feet).

When DPH asked each jurisdiction about the supporting rationale and available evidence for each of the setback distances, there were two key themes:

- Flammability and other safety concerns (e.g. explosions) related to minimum distance between industrial operations and structures, based on Fire Code.
- Air quality impacts, with supporting data from both direct measurements and modeled estimates. In a few cases, jurisdictions have established extensive monitoring networks to estimate and enforce the air emissions released by oil and gas activities (Fort Worth and Flower Mound, Texas).

When further asked about the approach used to develop the setback distances, jurisdictions responded with a wide variety of different processes. Some jurisdictions formed a task force with academic researchers, oil industry representatives and other independent experts, while others focused on community-based participatory processes to reach a consensus. Jurisdictions sometimes took a systematic research-based approach by conducting lengthy and comprehensive assessments, looked to other jurisdictions for guidance, or chose distances reflecting information gaps on chemicals utilized, air and fugitive emissions, and impacts to public health for oil and gas sites within their purview.

Two published review studies of setback distances for oil and gas activities suggest that setback distances alone may not be enough to protect public health from unconventional oil and gas operations (e.g. hydraulic fracturing). One study surveyed expert scientists, public health professionals and medical professionals regarding setback distances, and found that 89% of participants agreed that a minimum safe distance to unconventional oil and gas operations was a quarter of a mile (1,320 feet).⁵¹ Another study reviewed whether setback distances from hydraulic fracturing ranging from 150 to 1,500 feet are protective from air pollution, blowouts or other safety risks and concluded that a combination of a reasonable setback distance with mitigation process controls is the best method for reducing the potential threats to public health.⁵²

The setback distances adopted by various jurisdictions apply to future development of oil and gas sites such as drilling new wells or through land use permitting processes. The setback requirements typically do not apply to existing oil and gas wells that are operating prior to the adoption of the ordinance. Some jurisdictions have additionally established requirements for mitigation measures when operations are less than the specified distance in order to reduce public health and safety risks. For example, Kern County's ordinance requires mitigation to reduce potential noise impacts from certain oil and gas activities. After conducting an extensive noise study in an environmental impact report, Kern County found that noise impacts from certain operational activities were significant unless mitigated (e.g. 1,550 feet for well advancement, 930 feet for well workovers).⁴⁶ Another example is the City of Carson's Oil and Gas Ordinance that requires mitigation to reduce noise impacts from facilities within 1,000 feet of

sensitive land use zones, and requires an odor minimization plan for facilities within 1,500 feet of sensitive land use zones.⁵⁰

Setback distances combined with appropriate mitigation measures can reduce many of the public health and safety risks associated with oil and gas operations for new and existing oil and gas operations in proximity to sensitive populations. An assessment of each oil and gas facility is necessary to identify current distances from existing operations to sensitive land uses and whether current mitigation measures sufficiently address the potential safety and environmental hazards and are protective of public health. Expanded monitoring of oil and gas operations will enable prudent guidance for reducing the health and safety risks from toxic air emissions, gas migration, subsidence, soil and groundwater contamination, and aging infrastructure. In addition, zoning requirements should restrict future development of sensitive land uses close to existing oil and gas operations in order to further protect public health.

VI. Conclusion

Overall, epidemiological studies have found limited associations between certain kinds of adverse health effects and living near oil and gas operations; however, quality exposure data to accurately assess risk is lacking. The vast majority of studies have not assessed people's exposure over long periods of time and highlight the need for future research to include studies with large sample sizes and more precise measurement of an individual's exposure to a myriad of chemicals that have potential to adversely affect health. The epidemiological literature is unable to conclude at this time whether or not living, working, or going to school near oil and gas facilities is associated with long-term negative health impacts.

In addition to epidemiological studies, this report includes evidence from EIRs and HIAs of oil and gas operations primarily in California. Such reports and assessments help fill some information gaps from available epidemiological studies. Evidence from numerous potential impact areas ranging from air pollution to catastrophic releases, compels the need for public health intervention to protect against potential negative environmental and health impacts from oil and gas operations located in densely populated urban areas. Many EIRs proposed mitigation measures to reduce potential risks and hazards. In the absence of such controls, or if the impacts are unable to be mitigated (e.g. odors), potential public health risks are likely to remain, and may be particularly heightened for vulnerable populations such as young children. Depending on land use, some environmental and site conditions may be incompatible with oil and gas operations, regardless of mitigation controls.

The oil and gas development projects described in the reviewed EIRs and HIAs have assessed environmental and health hazards, and in many cases propose mitigation measures for reducing the identified risks. However, such assessments are not required for every operating oil and gas facility and for some facilities, health and safety risks are identified only after residents' complaints gain the attention of regulators and other agencies. As observed during DPH's two neighborhood health investigations in response to health complaints from residents near oil and gas operations (refer to Section IV for more information), health effects may occur with the detection of odor emissions, even when those emissions are within regional air quality standards. Routine occurrences of odor and noise emissions from operations can lead to recurrent short-term health problems, which may negatively impact the long-term wellbeing and quality of life of nearby residents. Conventional risk assessment methodologies can be limited in their ability to address these factors and to anticipate other kinds of complex health and quality-of-life consequences. In addition, the lack of monitoring data to estimate potential exposures to such emissions from oil and gas operations creates further uncertainty regarding long-term health impacts to nearby residents.

DPH's experience with health complaints from a neighborhood health investigation involving the permanent plugging and abandonment of two orphan wells, as well as one idle well located nearby, highlighted several issues with old, abandoned wells that are found across Los Angeles County:

- Orphan wells are often improperly abandoned, or left idle, which may result in communities being impacted by hydrogen sulfide and petroleum odors.
- Workover rig equipment and related abandonment operations produce dust, odor, and noise that may lead to symptoms among people living nearby.
- Mitigation measures were successfully implemented to reduce the health and safety risks identified by DPH.
- Residents were empowered to take health protective measures through enhanced communication.

Aging oil and gas infrastructure in Los Angeles County, not only at abandoned wells, but also at active wells, pipelines, and associated infrastructure, raises an important public health concern. Regulatory agencies and operators should explore opportunities to utilize the best available technology at oil production facilities in order to prevent public health impacts.

DPH identified a number of gaps in information, highlighting the need for further monitoring and health research. Primarily, the following are needed to more completely estimate the potential health risks from oil and gas operations in Los Angeles County: 1) air monitoring data to estimate potential exposures to chemical emissions from oil and gas operations, 2) proactive odor surveillance systems to identify hydrogen sulfide releases from active, idle, and abandoned wells, and 3) toxicity testing of chemicals and chemical mixtures used in oil and gas operations. In the absence of more robust exposure and health data, it is not possible to reliably quantify potential health risks.

Based on the available scientific evidence, other local and state agencies have established setback distances ranging from 210 to 1,500 feet in order to protect public health and safety amidst oil and gas operations; these setbacks were based primarily on the potential for safety concerns and air quality impacts. In addition to setback distances, particularly in cases of existing oil and gas operations within the minimum setback, alternative measures (e.g. engineering controls, monitoring, closure) combined with monitoring are necessary to protect the health and safety of the surrounding communities.

VII. Next Steps

The potential for adverse health effects from exposure to chemicals found at oil and gas facilities, combined with the need for more research and monitoring, warrants precautions in policy-making. The two DPH neighborhood health investigations suggest the need for immediate actions to protect health at oil and gas facilities located immediately adjacent to sensitive populations. Oil and gas facilities across the Los Angeles Basin would benefit from periodic review to assess the effectiveness of existing mitigation measures, monitoring requirements, and impacts on the surrounding community.

DPH has determined through its literature review, discussions with other jurisdictions, and neighborhood health investigations that there is sufficient evidence to provide health-based guidance in five areas – setback distances, air monitoring, preventative maintenance and testing, community safety planning, and emergency response planning. DPH will collaborate with County partners, enforcement agencies and interested stakeholders to further inform the development of health-protective policies and regulations.

The findings in this report support the recommendations set forth by the interagency Oil and Gas Strike Team.⁸ The final report by the Oil and Gas Strike Team recommended that Los Angeles County further evaluate the following key areas:

- Removal of “by right” permitting (as required by the Board Motion)⁷
- Setback distances
- Well stimulation techniques (to reflect state regulations)
- Air quality and odor monitoring
- Transportation of chemicals in residential areas
- Pipeline monitoring and leak detection
- Abandonment of long idle wells
- Review of Emergency Response Plans
- Community communication

1) Setback Distances

Los Angeles County and local jurisdictions within the County should expand the minimum setback distance beyond 300 feet, as currently specified in local zoning code, and apply these requirements to both the siting of new wells and to the development of sensitive land uses near existing operations. It is important to note that a setback distance is not an absolute measure of health protection and additional mitigation measures must also be considered. For existing oil and gas operations, a site-specific assessment at each facility throughout the County is necessary to identify current distances to sensitive land uses and other site characteristics that can be used to inform whether further mitigation measures are warranted to reduce potential public health and safety risks.

The table below summarizes various setback distances, mitigation targets, remaining hazards and whether additional mitigation measures could further reduce potential adverse impacts (Table 2). This table is based on information compiled from scientific publications,^{13,37,51,52} environmental impact assessments,²⁷⁻³³ other environmental studies,^{10,16,20,34,35,36,46} and experiences in other jurisdictions.

Table 2. Review of Key Public Health and Safety Hazards and Setback Distance Guidance

| Setback Distance | <i>Air Quality</i> | <i>Noise</i> | <i>Odors</i> | <i>Fires, Explosions, and Other Emergencies</i> | <i>Additional Mitigation and Assessment Notes</i> |
|-------------------------|---------------------------|---------------------|---------------------|--|--|
| 300 feet | | | | | Some health and safety impacts may still be unavoidable regardless of additional mitigation. |
| 600 feet | ✓ | | | | Additional mitigation and assessment would likely be needed to avoid most impacts. Odors may be unavoidable, regardless of mitigation. Air monitoring is advised. |
| 1,000 feet | ✓ | ✓ | | | Additional mitigation and assessment may be needed to avoid noise impacts during certain operations, e.g. well advancement. Odors may be unavoidable in loss of containment events, regardless of additional mitigation. |
| 1,500 feet | ✓ | ✓ | ✓ | | Additional mitigation not likely to be needed. Some uncertainty remains due to gaps in long-term health and exposure data. |

✓ Represents the distance at which the impact is likely mitigated

2) Air Monitoring

In coordination with the California Air Resources Board (CARB) and the South Coast Air Quality Management District (SCAQMD), Los Angeles County should require the operators of facilities within urban areas of the County to implement continuous air monitoring systems around oil and gas operations to:

- Measure air pollutants released by oil and gas operations;
- Ensure oil and gas sites comply with environmental regulations;
- Evaluate the impact of releases from oil and gas sites on surrounding neighborhoods; and
- Monitor setbacks for these sites regularly, based on air monitoring and emerging science, and revise setback distances and/or other mitigation requirements when necessary to protect public health.

It should be noted that SCAQMD has imposed some requirements related to public notification and monitoring, but only after concerns are identified at a particular oil and gas operation, such as odor complaints. Current monitoring and enforcement activities can be sporadic, and it is difficult to understand long-term exposure risks for people living near oil and gas operations in the absence of continuous monitoring. To better characterize air quality in communities near oil and gas operations, SCAQMD completed a fence-line monitoring study (refer to Section III for more information) and CARB launched the Study of Neighborhood Air near Petroleum Sources (SNAPS); results from these efforts should be used to inform air monitoring policies.

3) Preventative Testing and Monitoring

A variety of state and federal regulations require routine inspections, maintenance, testing and leak detection systems for oil and gas facilities; however, local oversight of these regulations is limited. Optimal local oversight would enhance monitoring for public health and safety risks associated with aging infrastructure, and should include a local auditing and certification process, streamlined coordination, and data sharing among agencies. A local auditing program would confirm that operators are complying with federal, state and local regulations.

4) Community Safety Plan

Operators should prepare and make available to the public a comprehensive Community Safety Plan, in coordination with City and County departments, including Fire, Building and Safety, and Law Enforcement. These plans should include information on hazardous chemicals stored onsite; air emission monitoring efforts; and health-based exposure thresholds to identify the need for additional mitigation. For operations to plug wells permanently or to perform well maintenance, the responsible party should also prepare and

implement a Community Safety Plan. The Community Safety Plan should facilitate communication and input from local stakeholders, and be submitted to DPH for review and approval. The Plan should include protocols and procedures for immediate notification to the County Health Officer in the event of odor or health complaints.

5) Emergency Preparedness Plan

Operators should maintain enhanced Emergency Preparedness Plans that account for proximity to sensitive land use. These plans must include communication procedures to immediately notify local government agencies of any emergencies, such as spills or other releases.

To further inform health-protective policies and regulations, DPH will collaborate with County partners, local and state enforcement agencies, and interested stakeholders. DPH recommends site-specific assessments at existing oil and gas operations near sensitive land use to determine the appropriate combination of setback distance and additional mitigation measures, as well as the extent to which these measures are sufficient to protect public health.



References

1. California Council on Science and Technology (CCST) prepared for California Natural Resources Agency. An Independent Scientific Assessment of Well Stimulation in California, Volume I. Well Stimulation Technologies and their Past, Present, and Potential Future Use in California. Report updated July 2016. Chapter 4: Prospective Applications of Advanced Well Stimulation Technologies in California. Accessible online at <http://ccst.us/publications/2015/160708-sb4-vol-I.pdf> (Accessed February 12, 2018).
2. Shonkof SBC and Gautier D. Shonkof SBC and Gautier D. Chapter 4: A Case Study of the Petroleum Geological Potential and Potential Public Health Risks Associated with Hydraulic Fracturing and Oil and Gas Development in the Los Angeles Basin. July 2015. Accessed online at <https://ccst.us/publications/2015/vol-III-chapter-4.pdf> (Accessed February 12, 2018).
3. California Council on Science and Technology (CCST) prepared for California Natural Resources Agency. Well Stimulation in California, Pursuant to Senate Bill 4 (Pavley 2013). July 2015. Accessible online at http://ccst.us/projects/hydraulic_fracturing_public/SB4.php (Accessed February 12, 2018).
4. South Coast Air Quality Management District. Rule 1148.2 Notification and Reporting Requirements for Oil and Gas Well and Chemical Suppliers. April 2013. Accessible online at <http://www.aqmd.gov/home/regulations/compliance/1148-2> (Accessed February 12, 2018).
5. State of California Department of Conservation Division of Oil, Gas and Geothermal Resources. Well Count and Production of Oil, Gas and Water by County, 2016. Accessible online at ftp://ftp.consrv.ca.gov/pub/oil/annual_reports/2016/Wells_and_Production_by_County_2016.pdf (Accessed February 12, 2018).
6. Los Angeles County Department of Regional Planning. Baldwin Hills Community Standards District. 2009. Accessible online at <http://planning.lacounty.gov/baldwinhills/csd> (Accessed February 12, 2018).
7. Motion by Supervisor Mark Ridley-Thomas and Chair Hilda L. Solis. Proactive Planning and Enforcement of Oil and Gas Facilities Operating in Unincorporated Los Angeles County. March 2016. Accessible online at <http://ridley-thomas.lacounty.gov/wp-content/uploads/2016/03/PROACTIVE-PLANNING-AND-ENFORCEMENT-OF-OIL-AND-GAS-FACILITIES.pdf> (Accessed February 12, 2018).
8. Marine Research Specialists. Oil and Gas Facility Compliance Review Project, Bi-Annual Report Number Three, County of Los Angeles Existing Oil Wells. Prepared for the County of Los Angeles, September 2017. Accessed online at http://planning.lacounty.gov/assets/upl/project/oil-gas_20170926-report3.pdf (Accessed February 12, 2018).
9. Los Angeles County Department of Regional Planning. Title 22 (Planning and Zoning). Title 22.140.400. Accessible online at <http://file.lacounty.gov/SDSInter/bos/supdocs/97129.pdf> (Accessed February 12, 2018).
10. Stringfellow WT, et al. Comparison of chemical-use between hydraulic fracturing, acidizing, and routine oil and gas development. *PLoS ONE* 2017; 12(4):e0175344.
11. Intrinsic Environmental Sciences Inc. Phase 2- Human Health Risk Assessment of Oil and Gas Activity in Northeastern British Columbia: Task 3 – Literature Review. Prepared for British Columbia Ministry of Health, April 2013. Accessed online at <http://www.health.gov.bc.ca/library/publications/year/2013/health-risk-assessment-literature-review.pdf> (Accessed February 12, 2018).
12. Balise VD et al. Systematic review of the association between oil and natural gas extraction processes and human reproduction. *Fertility and Sterility*. 2016;106:795-819.
13. Hays J, McCawley M and Shonkoff SB. Public health implications of environmental noise associated with unconventional oil and gas development. *Science of the Total Environment*. 2017; 580:448-456.
14. Webb E et al. Potential hazards of air pollutant emissions from unconventional oil and natural gas operations on the respiratory health of children and infants. *Reviews on Environmental Health*. 2016; 31(2):225-243.
15. Krupnick A and Echarte I. Health Impacts of Unconventional Oil and Gas Development. Resources for the Future (RFF). June 2017. Accessible online at http://www.rff.org/files/document/file/RFF-Rpt-ShaleReviews_Health_0.pdf (Accessed February 12, 2018).
16. McMullin, T. et al. Assessment of Potential Public Health Effects from Oil and Gas Operations in Colorado. Colorado Department of Public Health and Environment. February 2017. Accessible online at <https://www.colorado.gov/pacific/cdphe/oil-and-gas-health-assessment> (Accessed February 12, 2018).
17. Li X, et al. Association between ambient fine particulate matter and preterm birth or term low birth weight: An updated systematic review and meta-analysis. *Environmental Pollution*. 2017;227:596–605.



18. Lupo PJ, et al. Maternal exposure to ambient levels of benzene and neural tube defects among offspring: Texas, 1999–2004. *Environmental Health Perspectives*. 2011; 119:397–402.
19. McKenzie LM et al. Birth outcomes and maternal residential proximity to natural gas development in rural Colorado. *Environmental Health Perspectives*. 2014; 122(4):412-417.
20. Mellqvist J et al. Using Solar Occultation Flux and other Optical Remote Sensing Methods to measure VOC emissions from a variety of stationary sources in the South Coast Air Basin, September 2017. Accessible online at http://www.aqmd.gov/docs/default-source/fenceline_monitoring/project_2/fluxsense_project2_2015_final_report.pdf?sfvrsn=6 (Accessed February 12, 2018).
21. Eykelbosh A. Health effects of oil spills and implications for public health planning and research. National Collaborating Centre for Environmental Health. Prepared for the Office of the Chief Medical Health Officer, Vancouver Coastal Health, November 2014. Accessible online at http://www.nccch.ca/sites/default/files/Health_Effects_Oil_Spills_Nov_2014.pdf (Accessed February 12, 2018).
22. Aguilera F et al. Review on the effects of exposure to spilled oils on human health. *Journal of Applied Toxicology*. 2010; 30(4):291-301.
23. Zock J-P et al. Persistent respiratory symptoms in clean-up workers 5 years after the Prestige oil spill. *Occupational and Environment Medicine*. 2012; 69(7):508-513.
24. Tustin AW et al. Associations between Unconventional Natural Gas Development and Nasal and Sinus, Migraine Headache, and Fatigue Symptoms in Pennsylvania. *Environmental Health Perspectives*. 2016; 125(2):189-197.
25. Agency for Toxic Substances and Disease Registry. ToxFAQs for Total Petroleum Hydrocarbons (TPH) August 1999. Accessible online at <https://www.atsdr.cdc.gov/toxfaqs/TF.asp?id=423&tid=75> (Accessed February 12, 2018).
26. Interagency Task Force on Natural Gas Storage Safety, Final Report, October 2016. Ensuring Safe and Reliable Underground Natural Gas Storage. Accessible online at <https://energy.gov/under-secretary-science-and-energy/downloads/report-ensuring-safe-and-reliable-underground-natural> (Accessed February 12, 2018).
27. Marine Research Specialists. Whittier Main Oil Field Development Project Final Environmental Impact Assessment, Final. Prepared for the City of Whittier, October 2011. Accessible online at <http://www.cityofwhittier.org/depts/cd/mineralinfo/eirfinal.asp> (Accessed February 12, 2018).
28. Marine Research Specialists. Final Environmental Impact Report for the Revised PRC 421 Recommissioning Project. Prepared for the California State Lands Commission, November 2014. Accessible online at http://www.slc.ca.gov/Info/Reports/Venoco_PRC_421/FEIR_Full.pdf (Accessed February 12, 2018)
29. Marine Research Specialists. Baldwin Hills Community Standards District Final Environmental Impact Report. October 2008. Accessible online at <http://planning.lacounty.gov/baldwinhills/background> (Accessed February 12, 2018).
30. Environmental Impact Report for Revisions to the Kern County Zoning Ordinance – 2015 C, focused on Oil and Gas Local Permitting Kern County Planning and Community Development Department, November 2015. Accessible online at <https://kernplanning.com/environmental-doc/environmental-impact-report-revisions-kern-county-zoning-ordinance-2015-c-focused-oil-gas-local-permitting/> (Accessed February 12, 2018).
31. Environmental Audit, Inc., Draft Environmental Impact Report for OXY USA Inc. Dominguez Oil Field Development. Prepared for the City of Carson, January 2014. Accessible online at http://ci.carson.ca.us/content/files/pdfs/planning/oxyproject/Volume1-DEIR_part1.pdf (Accessed February 12, 2018)
32. Padre and Associates. Plains Exploration and Production Phase IV Development Plan Environmental Impact Review 2004. Accessible online at <http://www.pismo beach.org/DocumentCenter/Home/View/7198> (Accessed February 12, 2018).
33. Aspen Environmental Group. Final Environmental Impact Report. Analysis of Oil and Gas Well Stimulation Treatments in California, State Clearinghouse No. 2013112046. Prepared for the California Department of Conservation, June 2015. Accessible online at <ftp://ftp.consrv.ca.gov/pub/oil/SB4EIR/EIR/Volume%20II.pdf> (Accessed February 12, 2018).
34. Intrinsik Environmental Sciences Inc. Health Impact Assessment. E&B Oil Drilling and Production Project. January 2015. Accessible online at <http://www.hermosabch.org/modules/showdocument.aspx?documentid=5429> (Accessed February 12, 2018).



35. Witter R et al. Health Impact Assessment for Battlement Mesa, Garfield County Colorado. September 2010. Accessible online at <https://www.garfield-county.com/public-health/documents/1%20%20%20Complete%20HIA%20without%20Appendix%20D.pdf> (Accessed February 12, 2018).
36. Sonoma Technology, Inc. Baldwin Hills Air Quality Study, Final Report. Prepared for Los Angeles County. February, 2015. Accessible online at http://planning.lacounty.gov/assets/upl/project/bh_air-quality-study.pdf (Accessed February 12, 2018).
37. Perischi J et al. Quantifying sources of methane using light alkanes in the Los Angeles basin, California. *Journal of Geophysical Research: Atmospheres*. 2013; 118:4974-4990.
38. South Coast Air Quality Management District. Final 2016 Air Quality Management Plan, March 2017. Accessible online at <http://www.aqmd.gov/docs/default-source/clean-air-plans/air-quality-management-plans/2016-air-quality-management-plan/final-2016-aqmp/final2016aqmp.pdf> (Accessed February 12, 2018).
39. Office of Environmental Health Hazard Assessment (OEHA), California Environmental Protection Agency. Proposition 65. Chapter 1. Safe Drinking Water and Toxic Enforcement Act of 1986. Accessible online at <https://oehha.ca.gov/proposition-65/law/proposition-65-law-and-regulations> (Accessed February 12, 2018).
40. U.S. Environmental Protection Agency. 1991. Risk Assessment Guidance for Superfund Part C, Risk Evaluation of Remedial Alternatives. Office of Emergency and Remedial Response. EPA 9285,7-01C.
41. U.S. Environmental Protection Agency. 1990. National Oil and Hazardous Substances Pollution Contingency Plan, Final Rule, Federal Register, Volume 55, Number 46, Rules and Regulations.
42. South Coast Air Quality Management District. Toxic "Hot Spots" (AB 2588) Prioritization. Accessible online at <http://www.aqmd.gov/home/rules-compliance/compliance/toxic-hot-spots-ab-2588/prioritization> (Accessed February 12, 2018).
43. National Research Council (US) Committee on Acute Exposure Guideline Levels. Acute Exposure Guideline Levels for Selected Airborne Chemicals: Volume 9. Washington (DC): National Academies Press (US); 2010.
44. California Office of Environmental Health Hazard Assessment, 2000. Hydrogen Sulfide: Evaluation of Current California Air Quality Standards with Respect to Protection of Children. Accessible online at <https://oehha.ca.gov/media/downloads/cnrn/oehhah2s.pdf> (Accessed February 12, 2018).
45. Chilingar GV and Endres B. Environmental hazards posed by the Los Angeles Basin urban oilfields: an historical perspective of lessons learned. *Environmental Geology*. 2005; 47:302-317.
46. Kern County Planning and Natural Resources Department. Exhibit C Mitigation Monitoring and Reporting Program for Kern County Gas & Oil Zoning Ordinance Environmental Impact Report. November 2015. Accessible online at https://www.kerncounty.com/planning/pdfs/eirs/oil_gas/oil_gas_MMRP_final.pdf (Accessed February 12, 2018).
47. Ingraffea AR et al. Assessment and risk analysis of casing and cement impairment in oil and gas wells in Pennsylvania, 2000-2012. *Proceedings of the National Academy of Sciences of the United States of America*. 2014; 111(30):10955-10960.
48. Shamasunder B et al. Community-based health and exposure study around urban oil developments in South Los Angeles. *International Journal of Environmental Research and Public Health*. 2018;15(1):138.
49. Governor's Office of Emergency Services. Cal OES 17-8008. Notified by Division of Oil, Gas and Geothermal Resources District 1. November 4, 2017. Accessible online at <https://w3.calema.ca.gov/operational/mal haz.nsf/SpillAllDocs/AB61EF1FE5973F5D882581CE00697493?OpenDocument> (Accessed February 12, 2018).
50. Oil and Gas Ordinance of the City of Carson. Part 2. Development Standards for Petroleum Operations. Sections 9521-9536, July 2017. Accessible online at http://www.codepublishing.com/search/?cmd=getdoc&DocId=96&Index=%2fvar%2flib%2fdtsearch%2fhtml%2fCA%2fCarson&HitCount=2&hits=b+100+&SearchForm=D%3A%5Cinetpub%5Cwwwroot%5Cpublic_html%5CCA%5CCarson%5CCarson_form.html (Accessed February 12, 2018).
51. Haley M et al. Adequacy of current state setbacks for directional high-volume hydraulic fracturing in the Marcellus, Barnett, and Niobrara Shale Plays. *Environmental Health Perspectives*. 2016; 124(9):1323-1333.
52. Brown et al. Human exposure to unconventional natural gas development: A public health demonstration of periodic high exposure to chemical mixtures in ambient air. *Journal of Environmental Science and Health, Part A*. 2016; 50(5):460-472.



Glossary of Selected Terms

Casing is a metal tube used during drilling an oil well in combination with cement to sequentially stabilize recently drilled formation as well as providing strong upper foundation and isolating separate zones.

Drilling is to dig or bore in the earth for the purpose of exploring for, developing, or producing oil, gas, or other hydrocarbons, or for the purpose of injecting water, steam, or any other fluid or substance into the earth.

Environmental Impact Report (EIR) is an informational document which provides public agencies and the general public with detailed information about the effect that a proposed project is likely to have on the environment. The EIR also lists the ways in which these environmental effects might be minimized and whether there are any alternatives to such a project.

Epidemiology is the study of the distribution and determinants of health-related states or events in specified populations, and the application of this study to the control of health problems.

Frack-pack is commonly used to re-direct the flow to prevent sand from entering a well and to bypass damaged zones near a well. As opposed to hydraulic fracturing intended to open permeable fracture pathways in unconventional reservoirs to enable oil or gas production, frac-packs are employed to deal with formation damage around a production well and/or sand production into the well.

Gravel pack is a method of controlling sand production that involves installation of a cylindrical metal screen in a production zone of a well in with the annulus between the screen and the casing (or formation if not cased) is filled with fluid slurry containing gravel. Gravel pack pressures are kept below fracture pressures.

Grey literature consists of materials and research produced by organizations outside of the traditional commercial or academic publishing and distribution channels, e.g. reports, working papers, government documents, etc.

Hazard is any biological, chemical, mechanical, environmental, or physical stressor that is reasonably likely to cause harm or damage to humans, other organisms, the environment, and/or engineered systems in the absence of control.

Health Risk Assessment (HRA) is a technical study that evaluates how toxic emissions are released from a facility, how they disperse throughout the community, and the potential for those toxic pollutants to impact human health.

Hydraulic fracturing is a process to produce fractures in the rock formation that stimulates the flow of natural gas or oil, increasing the volumes that can be recovered. Fractures are created by pumping large quantities of fluids at high pressure down a wellbore and into the target rock formation.

Idle well is any that has not been used for the production of oil and gas, the production of water for the purposes of enhanced oil recovery or reservoir pressure management, or injection for a period of 24 consecutive months.

Impact (or consequence) is the particular harm, loss, or damage that is experienced if the risk-based scenario occurs.

Mitigation is ongoing and sustained action to reduce the probability of, or lessen the impact of, an adverse incident.

Orphan is a well, pipeline, facility or associated site which has been investigated and confirmed as not having any legally responsible and/or financially able party to deal with its abandonment and reclamation responsibilities.

Risk incorporates the likelihood that a given hazard plays out in a scenario that causes a particular harm, loss, or damage. In quantitative risk assessments, risk is calculated as likelihood multiplied by impact.

Unconventional oil and gas operations allow for drilling down, drilling horizontally, and/or fracking to allow oil and gas to be explored, developed and produced. This compares to conventional processes that use the natural pressure of the wells, or water/gas injection, and pumping or compression operations to extract oil and gas resources.

Well is any oil or gas well or well drilled for the discovery of oil or gas; any well on lands producing or reasonably presumed to contain oil or gas; any well drilled for the purpose of injecting fluids or gas for stimulating oil or gas recovery, repressuring or pressure maintenance of oil or gas reservoirs, or disposing of waste fluids from an oil or gas field; any well used to inject or withdraw gas from an underground storage facility; or any well drilled within or adjacent to an oil or gas pool for the purpose of obtaining water to be used in production stimulation or repressuring operations.

Well stimulation treatment means a treatment of a well designed to enhance oil and gas production or recovery by increasing the permeability of the formation. Examples of well stimulation treatments include hydraulic fracturing, acid fracturing, and acid matrix stimulation.

Workover means to perform one or more of a variety of remedial operations on a producing well to try to increase production, e.g. deepening, plugging back, pulling and resetting liners, squeeze cementing, etc.



Appendix A – Public Health Screening Assessment

| Facility: | | | |
|--|-----------------------|---|-----------------|
| Issue | Checklist Code | Determinations Contributing to Higher Degree of Public Health and Safety Impact Ranking | Findings |
| Public Health Risk | | | |
| High Priority Risk Items | | | |
| Land Use and Zoning | | Proximity to residential or other public receptor locations (multiple receptors within 300') | |
| Hydrogen Sulfide | | High H ₂ S levels (>500 ppm within process systems) | |
| Wellhead Pressures | | High well head pressures (>250 psig) | |
| Historical Activities | | High levels of drilling onsite (> 4/year) contributing to noise, traffic and accident risk | |
| Risk Contributing Items | | | |
| Public Health | | | |
| Sensitive Populations and children | | Proximity to residential areas or other sensitive populations (e.g. schools, hospitals, senior communities, homeless) | |
| Socioeconomic Status and health disparities | CalEnviroscreen | Surrounding community faces socioeconomic or health disparities and challenges | |
| Environmental | | | |
| General Facility Operations | | | |
| History | | Older facilities (> 25 years) | |
| Gas treatment | | The use of gas treatment equipment onsite | |
| Steam recovery | | The use of steam generation onsite | |
| Gas pipeline pressure | | High gas pipeline pressures | |
| General/Other | | | |
| PRV to atmosphere | G.2-3 | Venting to atmosphere | |
| Flares availability | G.8 | Flares not available | |
| Noise | | | |
| Sound proofing for drilling closer than 500' | N.2 | No soundproofing for facilities within 500' | |
| Pure tones | | Pure tones or low frequency | |
| Deliveries time limits | N.4 | No time limits on deliveries | |



| Facility: | | | |
|---|-------------------------------|--|-----------------|
| Issue | Checklist Code | Determinations Contributing to Higher Degree of Public Health and Safety Impact Ranking | Findings |
| <i>Aesthetics/Infrastructure</i> | | | |
| Derricks removed, unused equipment | FI.2, FI.3, FW.4 | Presence of older equipment | |
| Sumps: hazard to people, screening | SM.4, SM.6, SM.10, SM.11 | Hazardous, no screening on top, electrical/trip fall hazards | |
| <i>Air Quality</i> | | | |
| Air Toxics | | Part of the AQMD AB2588 program | |
| Monitoring systems within 1500' of residences | AQ.7 | No monitoring systems | |
| Safety | | | |
| <i>Drilling</i> | | | |
| Drill sites 75' from boundary, 100' from buildings, 300' of a residence | D.2 | Closer than prescribed distances | |
| Drill sites within 500' of a residence | D.5, N.2, N.3 | Closer than 500' and not using sound proofing methods | |
| <i>Setbacks</i> | | | |
| Critical wells | SB.3, SB.4 | Critical well and free-flowing production | |
| Wells 20' highway, 75' street, 100' building, 300' school, 25' of ignition sources? | SB.6, SB.7, SB.8, SB.9, SB.10 | Closer than setback distances or close to powerlines due to rig height | |
| <i>Gas Pipelines</i> | | | |
| Inspection history | PL.1 | No internal inspection history | |
| Alarms and shutdown | PL.5 – PL.8 | No procedures or systems, manual shutdown, no 24 hr attendance | |
| Pipeline signs and labeling | | No markings or warning signs posted along visible pipelines going through private driveways, parking spaces, other traffic roads | |
| <i>Fire</i> | | | |
| Sufficient clearance | F.3 | Poor fire preparation | |
| Fire water capabilities | F.4 – F.5 | Inadequate fire water | |
| Hazardous Materials | HM.8 | Transportation of highly hazardous materials through residential areas | |
| ERP: Drills | ER.2 - ER.3 | Inadequate ERP and drills | |
| Security: Fencing | S.1-S.5 | Inadequate fencing | |



| Facility: | | | |
|--|-----------------------|--|-----------------|
| Issue | Checklist Code | Determinations Contributing to Higher Degree of Public Health and Safety Impact Ranking | Findings |
| Documentation | | | |
| AQMD 1173 reports: odors, GHG, toxics emissions | | High numbers of leaking components | |
| AQMD Odor Complaints | | Multiple odor complaints | |
| AQMD NOV/NTC | | Multiple NOV/NTC | |
| Fire: annual inspection | | Inspection report findings | |
| Public Health: complaints | | Multiple complaints | |
| DOGGR: inspection reports | | Inspection report findings | |
| ERP | | ERP not available or inadequate | |
| Site Contamination Risk | | | |
| Wells/facilities within 100' feet of waterways | SB.3 | Located closer than 100' to waterways | |
| Could a release affect nearby creeks? | SC.5 | Could affect nearby creeks | |
| Adequate secondary containment? | SC.2 – SC.5 | Lack of secondary containment/berms | |
| Sufficient onsite spill cleanup and control equipment? | SP.17 | Lack of onsite control equipment and personnel responsible for cleanup | |
| Crude/Emulsion Pipelines: Inspection | PL.1 | No internal inspection history | |
| Crude/Emulsion Pipelines: Alarms and shutdown | PL.5 – PL.8 | No procedures or systems, manual shutdown, no 24 hr attendance | |
| SPCC | SP.1 – SP.21 | SPCC inadequate | |
| Site Contamination Risk | | | |
| Does the site history indicate the potential for site contamination? | G.12 | Potential history of tank farm or other activity indicating potential for contamination | |



County of Los Angeles
CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

SACHI A. HAMAI
Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District
MARK RIDLEY-THOMAS
Second District
SHEILA KUEHL
Third District
JANICE HAHN
Fourth District
KATHRYN BARGER
Fifth District

June 5, 2018

To: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

OFFICE OF DIVERSION AND REENTRY (ODR) QUARTERLY REPORT

The mission of the Office of Diversion and Reentry (ODR) is to develop and implement county-wide criminal justice diversion for persons with mental and/or substance use disorders and to provide reentry support services to vulnerable populations. The goals of ODR include reducing the number of inmates with mental health and/or substance use disorders in the Los Angeles County Jails, reducing recidivism, and improving the health outcomes of justice involved populations who have the most serious underlying health needs.

The attached ODR quarterly report provides updates on work completed during January through March 2018. If you have any questions, please contact Mark Ghaly, M.D. at (213) 974-1276 or mghaly@ceo.lacounty.gov.

SAH:JJ:PE
CB:MG:dh

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Health Agency
Health Services
Health Deputies
Justice Deputies

OFFICE OF DIVERSION AND REENTRY

Quarterly Report January to March 2018



Health Services
LOS ANGELES COUNTY

ODR MISSION

- **Develop and implement county-wide criminal justice diversion for persons with mental and/or substance use disorders and provide reentry support services to vulnerable justice involved populations.**
- **The goals of ODR include reducing the number of inmates with mental and/or substance use disorders in the Los Angeles County Jails, reducing recidivism, and improving the health outcomes of justice involved populations who have the most serious underlying health needs.**

OVERVIEW

Almost 1,800 releases from jail to housing and treatment

- Placed 1,791 clients from jail into housing and treatment through MIST-CBR and ODR Housing program.
- Launched effort to divert pregnant women in the jails.

Expanded services for the Reentry population

- Launched INVEST, a partnership between Probation, WDACS, and ODR to provide specialized employment services to the probation population.

Launching initial work of Youth Diversion and Development

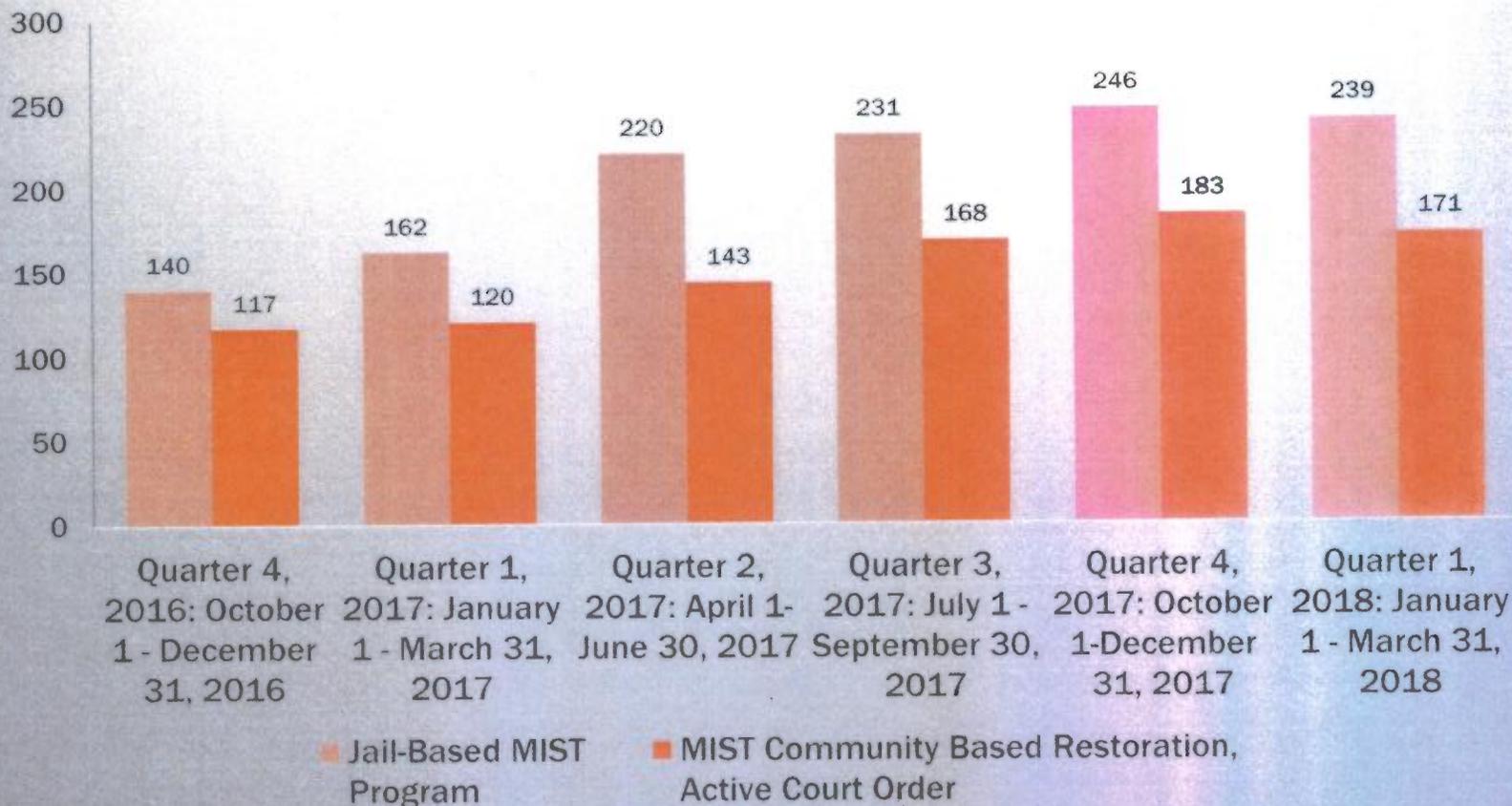
- Held Youth Diversion and Development Summit on March 1, 2018.
- Developing solicitation process for community based providers.

MIST-COMMUNITY BASED RESTORATION

- **The Misdemeanor Incompetent to Stand Trial-Community Based Restoration (MIST-CBR)** program diverts individuals facing misdemeanor charges who are found incompetent to stand trial into community based settings to be restored to competency.
- Launched a pilot to provide a permanent supportive housing and ICMS option for MIST clients that have timed out of their program.
- Since October of 2016, 689 clients have been removed from jail and connected to community based treatment including community outpatient, inpatient, IMD, and supportive housing programs.

INCREASED MIST-CBR CLIENTS SERVED EACH QUARTER

Number of Clients Ever Released to Housing



*Clients may be in MIST in multiple quarters.

ODR HOUSING

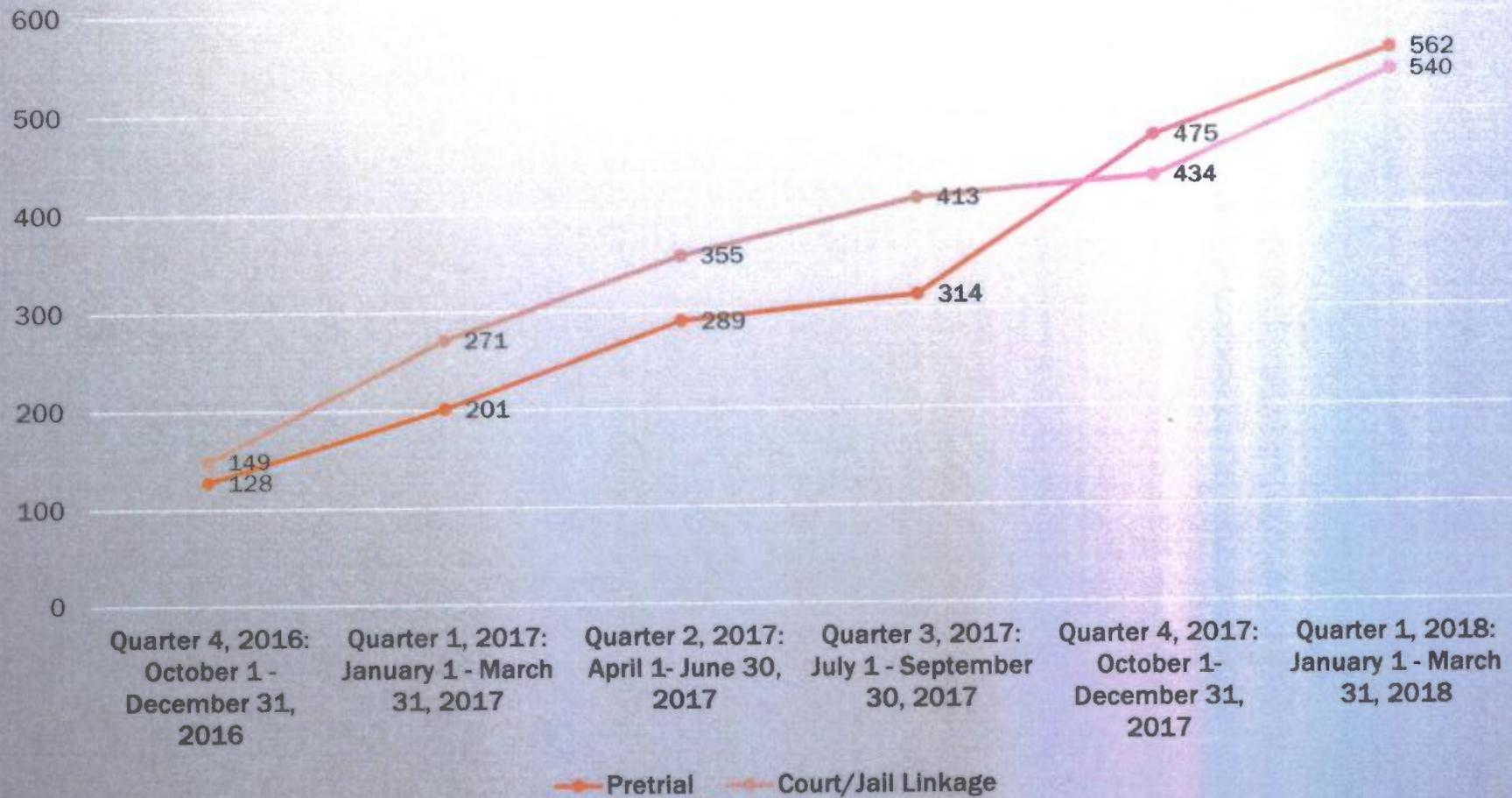
- A permanent supportive housing and treatment program that serves individuals who are incarcerated in the Los Angeles County Jail, are homeless, and have a mental health and/or substance use disorder.
- The majority of these diversions are done by ODR staff in the criminal courtroom. The ODR Housing felony pretrial diversion program in the Central District recently received its own full-time courtroom and judge and has just been expanded to the Compton Courthouse.

Since August 2016, 1,102 homeless clients have been served by ODR Housing.



INCREASED ODR HOUSING CLIENTS SERVED EACH QUARTER

Number of Clients Ever Referred/Assigned/Released to Housing



LAW ENFORCEMENT ASSISTED DIVERSION (LEAD)

- Law Enforcement Assisted Diversion (LEAD) is a community diversion program that aims to reduce recidivism and increase public safety
- Provides individuals at high risk of recidivism for narcotics and/or prostitution offenses, with housing, mental health and substance use treatment, and supportive services
- 112 individuals referred and 76 participants enrolled (goal of 300 referred, 160 enrolled)
- 97% were homeless at time of referral; 20 participants are now in interim housing



DIVERSION OF PREGNANT WOMEN

- Under the directive of the LA County Board of Supervisors, ODR has prioritized diverting pregnant women from the jails to the community with supportive services and housing provided by ODR.
- Partnering with LA County's existing MAMA's Neighborhood program, participants will have access to prenatal care and health coordination.
- Office of Diversion and Reentry has already diverted nearly 20 women since the inception of the program in late March.

ODR REENTRY SERVICES

- Services to reduce recidivism and improve health outcomes of vulnerable probationers and justice involved individuals

- Proposition 47 and SB678 funded services include:
 1. Reentry-Intensive Case Management Services (R-ICMS)
 2. INVEST-Workforce Development
 3. Community Reentry Centers

REENTRY INTENSIVE CASE MANAGEMENT SERVICES (R-ICMS)

- Launched with twelve initial providers covering all 8 services planning areas of Los Angeles County
- Wraparound care coordination and service navigation for justice-involved individuals to improve health outcomes and reduce recidivism
- Services are based on an individualized case plan and include:
 - linkage to physical health, mental health, and substance use treatment
 - stabilization needs (food, shelter, documentation, benefits)
 - employment and education services
 - housing support services
 - cognitive behavioral interventions
- R-ICMS teams include Community Health Workers—those with lived experience of incarceration and reentry

INVEST PROGRAM

- INVEST launched in January 2018. This collaboration between Probation, Workforce Development Aging and Community Services (WDACS), and ODR provides adult felony probationers a path to living wage employment through individualized employment support services and training.
- The INVEST program offers case management, training, and support to clients from two co-located Probation Officers and two INVEST-dedicated AJCC staff in 5 WDACS American Job Centers of California (AJCC).
- INVEST staff conducted 9 info sessions at Probation Area Offices in March and April 2018 to recruit clients.
- Approximately 108 enrolled to date. The program anticipates serving **600** per year.

COMMUNITY REENTRY CENTER

- ODR continues the partnership with Probation to the launch LA County's first Community Reentry Center in early 2019. The Center will serve people on adult felony probation, their families and the community.
- ODR and Probation have convened a monthly stakeholder advisory committee with the Los Angeles Regional Reentry Partnership (LARRP). The committee is chaired by ODR, Probation and LARRP, and is comprised of partners from various county agencies, such as WDACS, DMH, SAPC, etc. as well as community- and faith-based organizations.
- ODR is actively planning and designing the services that will be offered at the Center. These services include but are not limited to:
 - Mental health services by DMH
 - Substance use treatment services by DPH
 - Employment and training
 - Legal services
 - Arts, theater and music programming
 - Intensive Case Management Services, through ODR's R-ICMS program
 - Access to benefits

YOUTH DIVERSION AND DEVELOPMENT

- Inaugural Youth Diversion Summit held on March 1, 2018; over 350 county departments, law enforcement agencies, providers, community members, and youth attended.
- Steering Committee convened in March 2018.
- In the process of identifying permanent staff and priority jurisdictions for the first implementation cohort.
- Contracts for first cohort of community-based youth diversion providers will go out in FY 2018-19.

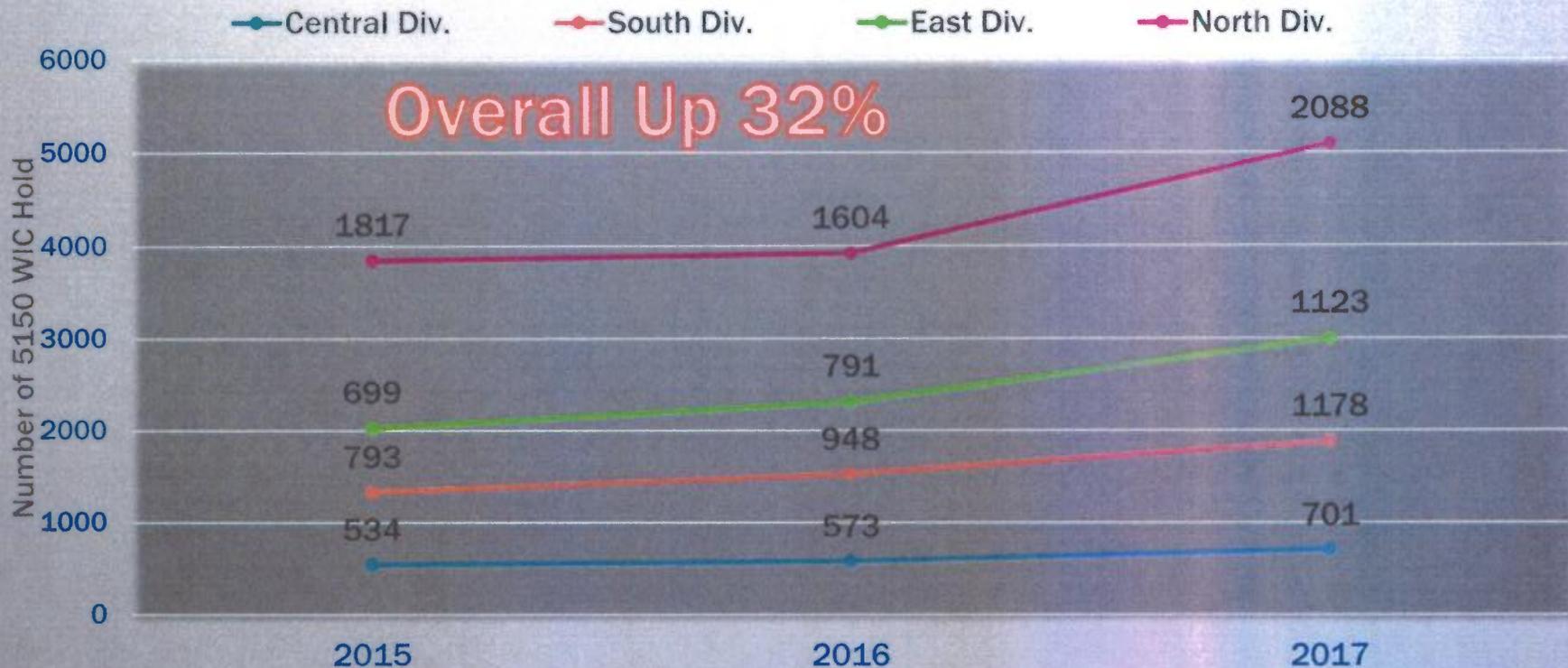


ODR SUPPORTS CIT AND MET

- **Critical Intervention Training (CIT)**
 - ODR provides funding to support the Sheriff Department's CIT program, which plans to provide a 32-hour training to approximately 2,620 patrol personnel over the next six years.
 - The goals of CIT include reducing use of force in the field, improving the linkage of persons with mental illness and SUDs to services rather than booking and incarceration, and reducing recidivism.
 - From January - March 2018, 132 students were trained over 7 classes. 800 personnel have been trained since December 2016.
- **Mental Evaluation Teams (MET)**
 - ODR provides funding to DMH and the Sheriff's Department to support the Mental Evaluation Teams, specially-trained field units that respond to community members who have a mental disorder and are in crisis (e.g., barricaded suspects, suicides in progress, other self-inflicted injuries).

MENTAL EVALUATION TEAM (MET)

Mental Health Crises Resulting in 5150 WIC "Hold"
in LASD Patrol Divisions
Three Calendar Year Comparison



Data provided by Sheriff's Department, calendar year data most recent available

FEATURED LEAD CLIENT SUCCESS STORY

In November, Natalie* a 29 year-old woman was found by a Long Beach LEAD police detective wandering intoxicated and carrying large bags of trash at a Long Beach Blue Line station. Although she would not immediately engage in LEAD, the detective went back many times over the next two weeks, checking on her and bringing her water and food. Once he gained her trust, she agreed to take part in the LEAD program.

Within a week, the LEAD case manager was able to develop rapport with her. She disclosed that she became homeless fleeing a serious domestic violence situation and was engaged in sex work to survive while her addiction to meth escalated. Her children were staying with her parents while she was homeless. Natalie worked with her case manager toward her goals to stop using meth and to reunite with her family in a safe environment.

On February 15th, Natalie and her children moved into their new LEAD apartment. Her children now attend a nearby local public school. She works closely with LEAD officers, her case manager and the courts to resolve legal issues related to her prior arrests for substance use and theft. She is no longer using drugs and is receiving mental health support and parenting services. With support from her case manager, Natalie is looking for part time employment and rebuilding relationships with her children.

* Name has been changed

FEATURED INTERIM HOUSING SITE

Christ Centered Ministries (CCM) opened the first Restoration House in September 2017 to provide housing and supportive case management services MIST-CBR clients. They serve both men and women and currently have two MIST-CBR houses with 20 beds in each.



CCM provides clients with intensive case management services, 24-hour supervision, competency restoration, recovery support, crisis intervention, and transportation. They often host parties and outings to mark special events, connect families, and to support the wellbeing of clients in the community.



LOS ANGELES COUNTY SHERIFF CIVILIAN OVERSIGHT COMMISSION

ANNUAL REPORT 2017



MESSAGE FROM THE

EXECUTIVE DIRECTOR



BRIAN K. WILLIAMS

**“THE ARC OF THE
MORAL UNIVERSE
IS LONG, BUT IT
BENDS TOWARD
JUSTICE.”**

Martin Luther King

At a recent town hall meeting, a member of the community stated that we must build “trust through reform.” To me, this statement truly encapsulated the task in front of us; to build a bridge of trust between the Sheriff’s department and the community. I know that this is no easy task. The Los Angeles County Sheriff’s Department (LASD) has been in existence for over 150 years and this marks the first time in their history that an oversight body has been established. As such, there are no quick fixes. It is only through the steady drumbeat of transparent, honest, respectful and open dialogue, coupled with a true call to action, that we will realize the words of that concerned citizen, “building trust through reform.”

I am proud of the work that the Sheriff Civilian Oversight Commission (COC) has done thus far and am humbled by the trust that the Board of Supervisors (Board), the Sheriff and the community has placed in the COC. I would be remiss if I did not give special recognition to the staff for their tireless efforts to advance the cause of the COC. Kudos and thanks to Christine Aque, Maryhelen Cohen, Oi Ping “Jamie” Chung, Daniel Delgadillo and Tracy Jordan Johnson.

On our one year anniversary, it is patently obvious that we cannot rest upon our laurels. There is much to be done and we are committed to continue building.

“Civilian oversight is a key component of fair, compassionate and effective 21st century community policing.”

“Civilian oversight will ensure that the public is given a voice, holding people in power accountable.”

***Supervisor Hilda L. Solis
First District***

“Over the first year of its existence, the Sheriff Civilian Oversight Commission has established a good working and trust-based relationship with the Sheriff’s Department, the Office of Inspector General, the Board of Supervisors, and most importantly, with communities throughout the County who need to have confidence that law enforcement is transparent and accountable.

This is a process that takes time and care and I am happy to see how successfully the Sheriff Civilian Oversight Commission has built a solid foundation with all stakeholders.”

***Supervisor Sheila Kuehl
Third District***



“THERE HAS TO BE MORE ENGAGEMENT WITH THE PUBLIC AND CIVILIAN OVERSIGHT IS A VEHICLE TO FACILITATE THE MECHANISMS OF REVIEW AND ASSESSMENT TO ENSURE CREDIBILITY, AS WE RE-ESTABLISH PUBLIC TRUST.”

***Supervisor Mark Ridley-Thomas, Chairman
Second District***

“The residents of the County have firm and fair advocates in the commissioners who volunteered their time and their attention to the Sheriff Civilian Oversight Commission. We thank the Commissioners for their dedication, insightful questions, and various viewpoints. We applaud their devotion to fairness, transparency, and public safety and look forward to continuing this partnership.”

***Supervisor Janice Hahn
Fourth District***

“The Sheriff Civilian Oversight Commission provides an important opportunity for the Board, the Community and the Sheriff’s Department to work collaboratively to address issues, provide transparency and build trust. When we bring people together to professionally navigate challenges, and thoughtfully struggle with solutions we will succeed in our shared values,”

***Supervisor Kathryn Barger
Fifth District***

ESTABLISHMENT OF COC

On September 27, 2016, the Board approved an ordinance creating the COC. The COC is authorized by Chapter 3.79 of the Los Angeles County Code.

The role of the COC is to provide civilian oversight of the LASD, review its policies and procedures, make recommendations and to act as a liaison between the LASD and the public. The COC serves in an advisory capacity to the Board and the Sheriff. The COC also gives the public a dedicated forum, promotes transparency and accountability within the LASD and builds partnerships with the Sheriff, LASD, the OIG and the Board.



APPOINTMENT OF COMMISSIONERS

The Board appointed nine Commissioners to serve on the COC. Five members are appointed by the Board, one nominated from each Supervisorial District. Four additional members are also appointed by the Board. The Commissioners' diverse backgrounds include community and faith leaders, a retired Lieutenant from the LASD, a former federal judge, and attorneys with a broad range of experiences—from former prosecutors and public defenders to professors and executives from legal non-profit organizations.

MESSAGE FROM CHAIR ROBERT C. BONNER



In existence for only a year, the COC is still in its infancy. Yet the COC holds great promise as an independent body for promoting and facilitating important reforms within the LASD—lasting reforms of the kind that will foster greater trust between the LASD and the community it serves. At one of our early town halls, a member of the public captured the essence of our mission when he remarked that the COC is about “building trust through reform.”

One of the seeds for the COC was the Citizens’ Commission on Jail Violence (CCJV), established by the Board of Supervisors to examine the use of excessive and unnecessary force within the Los Angeles County jail system. The report and recommendations of the CCJV, which led to a dramatic reduction in the use of inappropriate force within the jail, are a useful model for the COC as it moves forward. The concept of an independent civilian oversight commission for the LASD was strongly supported by community organizations and members of the Board. Our reform-minded current Sheriff also unequivocally supported the creation of the COC. Without their support, and the efforts of countless others, there would be no COC.

Although the COC is still determining its priorities and how to be optimally effective, it is clear that all members of the Commission are committed to thoughtfully studying the issues and developing serious and implementable reform recommendations. Be it mental health issues faced by deputies on patrol, the use of an Unmanned Aircraft System (UAS) or drones, body worn cameras, or inappropriate use of force by deputies on patrol, I am gratified that all Commissioners, working with our staff, are engaged and dedicated to making the COC a success. The COC benefits greatly from the diverse backgrounds and experiences that the Commissioners bring to our task.

Though we may not always agree on the precise ways to achieve reform, all of us have the common goal of objectively identifying the areas within the Sheriff’s Department that need reform. And we share the goal of making the LASD the model for the nation regarding what modern policing can and should be.

In due course, through the work of our ad hoc committees and staff, I anticipate that the COC will develop and adopt soundly written reports that support our recommendations for reform. Already, the COC has adopted significant resolutions and established itself as an important forum to gather and receive public input. We are committed to expanding our outreach to even broader segments of the community through town halls and other media.

This report describes the initial efforts of the COC to organize itself and identify issues for needed reforms. While much work remains to be done, I believe that the COC is off to a good start, and working with the community, the Sheriff and the Board, we can and will achieve important and meaningful reform that benefits both the LASD and the public it is sworn to protect.

I want to give special thanks to the COC staff and its Executive Director as well as the Office of Inspector General (OIG), the LASD and the Board for their input and interaction with our Commission. I also want to express appreciation for the tireless efforts of the men and women of the LASD to keep our community safe.

It is a privilege to serve on the COC. I am honored to be its first Chair.

COC COMMISSIONERS



Chair Robert C. Bonner
Attorney and former U.S. Attorney
and U.S. District Judge
Appointed by former Supervisor
Michael D. Antonovich, Fifth District



Commissioner Patti Giggans
Executive Director
Peace Over Violence
Appointed by
Supervisor Sheila Kuehl, Third District



Commissioner James P. Harris
Former LASD Lieutenant
Appointed by former
Supervisor Don Knabe,
Fifth District



Commissioner Sean Kennedy
Executive Director of Center of Juvenile
Law and Policy at Loyola Law School
Appointed by the Board of Supervisors



Commissioner Heather Miller
Rabbi, Beth Chayim Chadashim
Appointed by the Board of Supervisors



Commissioner Priscilla Ocen
Loyola Law School
Associate Professor
Appointed by the Board of Supervisors



Commissioner Lael Rubin
Former Los Angeles County
Deputy District Attorney
Appointed by the Board of
Supervisors



Vice-Chair Xavier Thompson
President of Baptist Ministers'
Conference and Senior Pastor of
Southern Saint Paul Baptist Church
Appointed by
Supervisor Mark Ridley-Thomas,
Second District



Commissioner Hernán Vera
Attorney and former president and
CEO of Public Counsel
Appointed by
Supervisor Hilda Solis, First District



COC MISSION

The goal of the COC is to provide oversight of and promote transparency and accountability within the LASD. The COC provides independent analysis of LASD policies, practices and procedures and makes recommendations, where warranted, for reform. The COC also advises the Board, the Sheriff, and the public. The COC strives to perform its duties in an independent, thoughtful, impartial, and transparent manner that promotes credibility, and enhances trust and respect. The thoughts and views of the community are paramount in this effort and thus the COC welcomes community involvement and provides opportunities for robust community engagement.

COC OUTREACH

Commission Meetings:

The COC conducts its regular monthly meeting on the fourth Thursday of each month at the Metropolitan Water District (MWD), which is located adjacent to Union Station, the hub of Los Angeles' public transportation system. The COC advertises its meetings at the Hall of Administration, via its website, press releases, utilizing an email database, as well as other forms of social media. We would like to thank the kind staff of the MWD as well as Patriotic Hall for their assistance in providing meeting locations for the COC.

Town Halls Meetings:

In an effort to effectively reach out to communities across Los Angeles County, the COC coordinates with the Board, community groups and other interested parties to organize town halls across our region. Thus far, town halls have been held in Lancaster, Lakewood, the Mid-Wilshire area, South Los Angeles and Cudahy. In the upcoming year, the COC expects to conduct at least five town hall meetings.

Complaint Process with the OIG:

The COC receives a variety of complaints via e-mail, phone, in person, mail correspondence, and at the monthly meetings and town halls. As the COC has no investigative capacity, the COC staff forwards the complaints to OIG for investigation and follows up with the OIG to insure that the complaints have been addressed.



SUBJECT MATTERS UNDER REVIEW OR ACTED UPON

During the past year, the COC has identified and begun studying several subject areas relevant to the LASD's policies, procedures and practices. These subject areas include mental health training of deputies assigned to patrol, inappropriate use of force in patrol, the use of body worn cameras, and the complaint process of the LASD. In addition, the Board has requested the COC to evaluate certain other issues affecting the LASD, including Mental Evaluation Teams (MET), the use of an UAS by the LASD, compliance by the LASD with the Sheriff's policy regarding LASD's relationship with Immigration and Customs Enforcement (ICE), and testing for Driving under the influence (DUI) of cannabis. For some of these issues--for example UAS, MET, Use of Force and Body Cameras, and the Sheriff's Immigration Policy--the COC has created ad hoc committees of three to four Commissioners to work with staff to analyze the issues, report back to the full Commission and, if appropriate, propose recommendations to the COC to forward to the Sheriff and the Board.

In addition to the above, the COC staff is currently analyzing and researching a myriad of subject areas concerning the LASD's policies, procedures and practices. Some of these studies are being done in conjunction with other County Departments, the OIG and the LASD. At the request of the Commission, staff is currently preparing a priority list of subjects to review for consideration by the Commission.

The following are some of the subjects acted upon or under review during the COC's first year of operation.

Subject Matters Under Review or Acted Upon

COC Resolutions:

Since its inception, the COC has adopted three resolutions.

Brady List:

On March 23, 2017, the COC approved a resolution to support the action of Sheriff Jim McDonnell in his efforts to provide to the District Attorney's Office a list of deputies who have been disciplined for misconduct which might affect their credibility as witnesses in criminal trials. The issue whether the Sheriff can legally provide the *Brady* list to the Los Angeles County District Attorney is pending before the California Supreme Court. In furtherance of this resolution, at its September 28, 2017 meeting, the COC approved the transmittal of an Amicus letter brief to the Supreme Court, again in support of the Sheriff's efforts to provide the *Brady* list to the District Attorney.

Use of Force Policy:

On August 24, 2017, the COC adopted a resolution that opposed the statements made by President Trump concerning treatment of arrested suspects and appeared to promote the unconstitutional use of force.



LASD Transparency:

On May 25, 2017, the COC passed a resolution recommending that the LASD disclose data regarding discipline, shootings and other uses of force, and citizen complaints on a publicly accessible website. In response to this recommendation, the LASD modified their public data sharing site to include reports on Category 3 force incidents, discipline, public complaints and commendations.

SUBJECT MATTERS UNDER REVIEW OR ACTED UPON

Unmanned Aircraft System:

On January 24, 2017, the Board requested the COC to evaluate the LASD UAS Program. After forming an ad hoc committee, the COC studied the LASD's policies regarding the usage of the UAS, witnessed operational use of the LASD's UAS, considered a report previously authored by the OIG, took extensive public comment, and examined available literature regarding law enforcement use of UASs within the United States. The ad hoc committee submitted its report and recommendations at the COC meeting on July 27, 2017. Two of the three members supported the recommendations, but one member did not. The motion to adopt the ad hoc committee's recommendations was four in favor and four opposed, and therefore, the motion did not carry.



The UAS Program was again considered at the COC's September 28, 2017 meeting. After evaluating the UAS Program and the protocols surrounding its limited authorized uses, and considering the significant public concerns, the COC voted 5-4 to request that the LASD permanently ground their UAS and end the UAS Program. While the Sheriff has indicated that the LASD will continue to utilize the UAS in a limited capacity, the Sheriff also indicated that he would adopt the guidelines recommended by the ad hoc committee.



Cannabis/DUI Testing:

On February 7, 2017, the Board requested the Sheriff and District Attorney, in consultation with the Public Defender, Alternate Public Defender and the COC to report on best practices used across the County for methods of identifying and evaluating when drivers are driving under the influence of cannabis. Currently, the COC is participating with the Office of Marijuana Management (Cannabis Law Enforcement Work Group) to identify best practices for methods of identifying and evaluating when drivers are driving under the influence of cannabis.

LASD Immigration Policy:

On January 10, 2017, the Board requested that the COC, in collaboration with the OIG, and the Auditor-Controller (AC), review, analyze and make recommendations concerning the LASD's adherence to certain immigration policies, including the Sheriff's policies as outlined in his letter dated January 10, 2017. The COC was also directed to review any other relevant policies as needed to carry out the intent of the policy and report back to the Board. Upon receiving this request from the Board, the COC established an ad hoc committee to evaluate compliance with LASD policies and State law.

This issue generated significant feedback from community members. Due to the complexity of this matter and the number of collaborating entities, this matter continues to be under review.



Use of Force:

One of the most vexing issues in law enforcement today---and one that has caused calls for civilian oversight---is the issue of inappropriate and unconstitutional use of force by police.

Acknowledging this, on its own initiative, the COC requested that staff begin a comprehensive study of use of force issues in patrol, the adequacy of policy, training and discipline. The issue of body worn cameras and related issues will also be studied. Analysis of this matter is ongoing and it is anticipated that the ad hoc committee will report to the COC and make such recommendations as are appropriate.

LOOKING FORWARD

The COC continually assesses the needs of the public, current issues in the community, trends within the LASD and requests from the Board in order to strategically plan the work of the COC. In the upcoming year, the COC will focus on completing the hiring of staff, establish priorities for staff and the COC, developing a strategic plan and most importantly working with the community, the Board, OIG and the LASD in a comprehensive effort to build trust between the public and the LASD and make the LASD all that it can and should be.

SHERIFF CIVILIAN OVERSIGHT COMMISSION

In closing, we are particularly fortunate to have the support of the Board, the Executive Office, multiple County departments and most importantly the community in our efforts to bring oversight to the LASD. A special thank you to Lori Glasgow, Celia Zavala, Hanna Cheru and Robert DeLaCruz for their assistance and guidance in helping us build a strong foundation for the COC. We understand the trust that each of you has put in us and we will always honor that trust. Trust through reform shall be our mantra.



SHERIFF CIVILIAN OVERSIGHT COMMISSION

WORLD TRADE CENTER

ADDRESS

350 SOUTH FIGUEROA STREET, SUITE 288
LOS ANGELES, CALIFORNIA 90071

PHONE

(213) 253 - 5678

EMAIL

COCNOTIFY@COC.LACOUNTY.GOV

WEBSITE

[HTTP://COC.LACOUNTY.GOV/HOME](http://COC.LACOUNTY.GOV/HOME)





OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALL OF JUSTICE

JIM McDONNELL, SHERIFF



April 4, 2018

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

THE LOS ANGELES COUNTY SHERIFF'S DEPARTMENT REPORT BACK REGARDING THE PRISON RAPE ELIMINATION ACT COMPLIANCE

On November 14, 2017, the Board requested the Los Angeles County (County) Sheriff's Department (Department) report back on the Prison Rape Elimination Act (PREA) compliance within the County jail system. The Board requested the report back include funding possibilities for a PREA Compliance Unit with a staffing model to consider lawyers, paralegals, and non-sworn employees who would report directly to Sheriff Jim McDonnell. The Board requested information on progress made in developing a plan for PREA compliance including a grievance/complaint procedure that effectively and safely allows for reporting of incidents and is PREA compliant.

PREA COMPLIANCE UNIT STAFFING MODEL

The Department and the Chief Executive Office (CEO) created a staffing model for the department-wide implementation of PREA. The staffing model was reviewed by the Office of the Inspector General (OIG) and the Sheriff Civilian Oversight Commission's (COC) PREA Ad Hoc Committee. The Department initially requested 23 positions including an executive level PREA Coordinator, operations staff, and five PREA compliance teams to ensure proper implementation. The CEO recommended 19 of the 23 positions with consideration for future growth. Refer to the CEO recommendation letter titled "Staffing Recommendations for Sheriff and Probation Prison Rape Elimination Act Compliance" (Item No. 48B, Agenda of November 14, 2017). Based on the current cost calculations, the 19 positions being recommended by the CEO would equate to an approximate \$2.7 million funding need/request (related to staffing alone)

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

A Tradition of Service
— Since 1850 —

and an overall funding request of approximately \$3.6 million related to the establishment of the Sheriff's PREA Compliance Unit, which includes staffing and operational costs. These operational costs are in the form of services, supplies, and capital assets. The operational costs do not include costs associated with structural modifications and/or technology systems.

The Department considered the need for attorneys and paralegals, along with the CEO and OIG, and concurs with the County Counsel's Office that only one full-time funded attorney position may be necessary. However, an attorney position is not included in the present funding request. Additionally, the Department is exploring a contract renewal with Just Detention International (JDI) at \$400,000 per year. JDI is a health and human rights organization exclusively dedicated to ending sexual abuse in detention facilities. JDI's work is informed by the wisdom and experiences of prisoner rape survivors. This group has a proven track record of working with policymakers, advocates, and corrections officials to ensure the basic human rights of all incarcerated inmates by assisting correctional facilities to become PREA compliant. JDI has been providing consulting services to the Department under an existing contract set to expire in May 2018. A new contract is essential as the Department prepares for PREA audits for each of its custody facilities.

PROGRESS MADE IN PREA COMPLIANCE

The United States Congress passed PREA in 2003 with unanimous support from both parties. Its purpose was to "provide for the analysis of the incidence and effects of prison rape in federal, state and local institutions to provide information, resources, recommendations, and funding to protect individuals from prison rape." PREA required developing national standards to prevent incidents of sexual abuse and harassment in prison. Shortly after those national standards became effective in August 2012, the Department received a technical assistance grant from the Bureau of Justice Assistance and the PREA Resource Center. After the solicitation process, the Department also entered into its current contract with JDI to receive assistance with policy creation and revision, as well as staff and inmate training based on nationwide best practices. Consistent with PREA standards, the Department appointed Assistant Division Director, Karen Dalton, as the PREA Coordinator, and assigned a PREA Compliance Manager at each facility to begin the complicated process of implementing the 43 PREA standards and 300 PREA provisions.

The PREA standards recognize the vulnerability of incarcerated inmates who are lesbian, gay, bisexual, transgender, or intersex. To ensure the proper and safe housing and care for transgender and intersex inmates, the Department created the Gender Identity Review Board (GIRB). The Department also operates the K6G Unit, a

nationally recognized housing unit at the Department's Men's Central Jail, where the Department houses gay and transgender inmates apart from other inmates for their protection.

REPORTING SEXUAL ABUSE AND SEXUAL HARASSMENT AND THE GRIEVANCE PROCESS

The PREA standards require multiple methods for inmates to report sexual abuse and harassment by staff members and other inmates. To educate the inmate population on how to report an incident, the Department created both PREA pamphlets and posters which are presently distributed and posted at the Department's Century Regional Detention Facility (CRDF). These documents describe the current internal grievance process and also describe other options, including verbally reporting an incident to a staff member or volunteer, telling a loved one, or reporting the incident to an independent organization outside of the facility.

The Department is finalizing agreements with local rape crisis centers and the Los Angeles Regional Crimestoppers. It has also provided training to staff, volunteers, and contractors on how to report sexual abuse or sexual harassment, and also access free, confidential, support services as needed. Inmates now have the ability to enter an override code into the inmate telephone system to confidentially contact a rape crisis center toll-free. The Department has trained the inmates at CRDF on how to use this override code and will begin educating inmates at all custody facilities at Town Hall meetings beginning in May 2018.

The Department is currently reviewing the inmate grievance process to ensure that inmates know how to report sexual abuse or sexual harassment and to improve the ability to track PREA-related complaints. The Department is also exploring the possibility of allowing inmates access to electronic tablets to submit grievances.

PREA IMPLEMENTATION PLAN

During the Cluster Agenda Review meeting on March 7, 2018, the Justice Deputies requested a PREA implementation plan in this report back. Though the Department is committed to full PREA compliance, it currently lacks the necessary resources to fully implement the PREA standards in all custody detention facilities.

Should the Board approve the 19 positions recommended by the CEO, the Department will immediately recruit staff for the Department's PREA Compliance Unit and begin a nationwide search for a PREA Coordinator with extensive experience in bringing local jurisdictions into PREA compliance. Should the Board approve the new contract with JDI, the Department will also continue to consult with JDI as it finalizes PREA compliant policies and continues the process of institutionalizing PREA compliant practices.

The Department has identified three priorities as it moves towards full PREA implementation:

1. Facility Analysis

The PREA Compliance Unit will complete a detailed analysis of each custody facility, including the Department's Inmate Reception Center and court lockups, to identify blind spots with the intent to improve visibility by, upgrading the lighting and/or installing cameras where necessary. The PREA Compliance Unit will also determine whether structural modifications are needed to the shower and toilet areas throughout the custody facilities to ensure privacy. The PREA Compliance Unit will identify secure areas where transgender and intersex inmates may shower privately.

2. Data Collection

PREA Standards require the collection of a significant amount of statistical data about the occurrence and prevalence of both sexual abuse and sexual harassment. The PREA Compliance Unit will create forms and work with other Department units to implement tracking systems designed to collect all of the required data.

3. Training

PREA Standards require all staff, volunteers, and contractors who have contact with inmates to be fully trained every two years and to receive a refresher course during gap years. The PREA Compliance Unit will develop the training curriculum and implement and manage these courses with the assistance of the Department's Custody Training and Standards Bureau and the Department's Inmate Services Bureau.

Should you have any questions, please contact Chief Christy Guyovich, Custody Services Division, Specialized Programs, at (213) 893-5888.

Sincerely,

JIM McDONNELL, SHERIFF



KELLY L. HARRINGTON
ASSISTANT SHERIFF



OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALL OF JUSTICE

JIM McDONNELL, SHERIFF



June 27, 2018

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT PROGRESS UPDATE ON SHERIFF'S INITIATIVES

The Los Angeles County (County) Sheriff's Department (Department) is providing a semi-annual update on the Board's priorities on the Sheriff's initiatives in the area of jail replacement. The current status of the Consolidated Correctional Treatment Facility (CCTF) and the Mira Loma Women's Detention Center (MLWDC) are outlined below:

Consolidated Correctional Treatment Facility

- Milestones Achieved
 - Issuance of Part B to the two short-listed design-build proposers.
- Critical Activities
 - In mid-2018, a Board of Supervisors meeting will be scheduled to approve the following:
 1. CCTF Final Environmental Impact Report.
 2. CCTF Preliminary Project Budget.
 3. Proposed renovation work at the Department's Pitchess Detention Center East Facility in order to relocate 400 inmates from the existing Department's Men's Central Jail Infirmery.

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

A Tradition of Service
— Since 1850 —

4. A one million dollar stipend to the design-build team (not yet selected).
- Award of the design-build contract to a successful proposer is anticipated for December 2018.

Mira Loma

- Milestones Achieved
 - The design-build request for Proposals Part A, Statement of Qualifications, was re-opened in November 2017 in an effort to qualify additional proposers for the design-build solicitation after two of the three previous proposers withdrew from the solicitation. The re-opening of Part A resulted in one additional short-listed proposer, bringing the total number of qualified proposers to two.
 - The State of California (State) and County have executed legal agreements required for AB 900 grant funding, and the State is currently reviewing the design-build Part B.
- Critical Activities
 - Upon approval by the State, Part B of the design-build solicitation will be released to the two qualified proposers to receive their respective technical and price proposals in Fall 2018.
 - Award of the design-build contract to a successful proposer is anticipated for December 2018 concurrent with the award of the design-build contract for CCTF.

Should you have any questions, please contact Chief Christy Guyovich, Custody Services Division Specialized Programs, at (213) 893-5888.

Sincerely,

JIM McDONNELL, SHERIFF



JILL SERRANO
ASSISTANT SHERIFF



Joseph M. Nicchitta
Interim Director

**COUNTY OF LOS ANGELES
DEPARTMENT OF
CONSUMER AND BUSINESS AFFAIRS**

Members of the Board

Hilda L. Solis
Mark Ridley-Thomas
Sheila Kuehl
Janice Hahn
Kathryn Barger

"To Enrich Lives Through Effective and Caring Service"

May 7, 2018

TO: Sachi Hamai, Chief Executive Officer

FROM:  Joseph M. Nicchitta, Interim Director

SUBJECT: OFFICE OF IMMIGRANT AFFAIRS BI-ANNUAL BOARD PRIORITIES REPORT

On September 12, 2017, the Board of Supervisors voted to adopt "Immigration" as the Board's sixth top priority – along with the Homeless Initiative, Sheriff Reform, Health Integration, Child Protection, and Environmental Health Oversight and Monitoring. With this action, the Board designated the Office of Immigrant Affairs (OIA) within the Department of Consumer and Business (DCBA) as the lead agency to work with County of Los Angeles (County) departments in completing the following goals:

- By December 2017, OIA will convene the Immigration Protection and Advancement Taskforce (IPAA), assess existing County programs and services, and identify changes that can be made in service delivery models to inform and better serve immigrant residents
- By March 2018, OIA will implement an enhanced communication strategy to keep County immigrant communities, apprised of County services and programs available to them
- By June 2018, OIA will conduct a public education and outreach campaign to inform immigrants and their families about their rights, how to prevent immigration fraud and other scams, and where to get help with complaints

Since its inception, OIA, in partnership with County and external partners, has made notable progress in advancing the Board's directive. Below is a summary of some of the accomplishments OIA completed in Calendar Year 2017-18.

LAUNCHED OIA: Office facilities were secured, remodeled, and made fully operational in the East Los Angeles County Hall. OIA trained DCBA counselors to answer less complex OIA client inquiries, which have average 350 per month in the last quarter. All authorized positions have been filled, including an Acting Executive Director, two Immigrant Affairs Specialists, two Immigrant Affairs Representatives, and one Client Coordinator.

OIA WEBSITE: In partnership with CEO, Countywide Communications, and County Counsel, OIA launched a website that provides resources to an average of 3,000 clients and partners per month. The site includes information about legal representation through the Los Angeles Justice Fund, immigration fraud protection services, legal forms and brochures, and County services.

CONSUMER FRAUD PROTECTION AND ASSISTANCE: OIA/DCBA receives more than 150 immigration fraud complaints annually. From these complaints, DCBA investigates and builds cases for referral for prosecution. A recent case that uncovered more than 500 potential victims, resulted in the Attorney General's Office charging the alleged perpetrators with several felony counts each. Another similar case revealed more than 4,500 potential victims. OIA works with the Investigations team, prosecuting agencies, and legal service providers to assist victims with fraud and immigration matters.

OUTREACH AND EDUCATION: Soon after it opened its doors, OIA conducted a month-long outreach campaign consisting of an advertisement that ran on 215 buses and 200 trains. OIA also participated in more than a dozen outreach events per month, reaching more than 10,000 immigrants in FY 2017-18. Two recent events for college students reached more than 500 attendees each. Additionally, OIA conducted more than a dozen train-the-trainer workshops for County and external partners. One such event OIA helped organize trained more than 500 doctors, nurses and support staff at the MLK Outpatient Center. And a telethon OIA organized received the highest Nielsen's rating for any newscast, reached more than 400,000 viewers, and brought together 40 County volunteers representing a dozen departments.

CITIZENSHIP WEBSITE AND CITIZENSHIP WORKSHOPS: In partnership with the County Public Library, OIA created and launched a comprehensive website to encourage and assist immigrants to become citizens. The website is in English, Spanish and Mandarin. It includes citizenship forms, study guides, and other resources.

IMMIGRATION PROTECTION AND ADVANCEMENT TASKFORCE (IPAA): The Board created IPAA to bring together public and private stakeholders to develop a broad vision to protect the rights and advance the success of LA County immigrants. IPAA is responsible for developing an Immigrant Protection and Advancement Strategy Report (Report) with recommendations for County departments on how to serve immigrants. In preparing the Report, OIA has interviewed nearly all County departments and more than 50 external stakeholders. Through these interviews, OIA has collected more than three dozen recommendations that have countywide application to protect the rights and promote the success of immigrants.

Sachi Hamai, Chief Executive Officer

May 7, 2018

Page 3

LOS ANGELES JUSTICE FUND (LAJF): On December 20, 2016, the Board launched an initiative to provide legal representation to County immigrant residents at risk of removal and who could not afford an attorney. On July 4, 2017, under the advice of CEO and County Counsel, OIA/DCBA and the California Community Foundation (CCF) executed a two-year, \$3 million contract for CCF to administer the County's share of the LAJF. On July 20, 2017, CCF released a Request for Funding Proposals. Thirty-eight legal service providers applied for grants, and CCF selected 16 of them to receive LAJF grants to provide legal representation to eligible immigrants. OIA is now working with CCF to review data collected from legal service providers to make appropriate recommendations to CEO and the Board on how to enhance the LAJF.

CONCLUSION: OIA's work in implementing the Board's directive is helping build the foundation to ensure that the County welcomes, protects, and enriches the lives of the immigrants who have made the County their home. With strong Board leadership and support, the participation of County and external partners, and the resilience of immigrant communities, the County is creating stronger communities for all.